



**Prescription Drug Coverage (PDP)**

## **2015 Comprehensive Formulary**

**(List of Covered Drugs)**

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN**

**Note to existing members:** This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

This formulary was updated on 10/10/2014. For more recent information or other questions, please contact UA Medicare Group Part D at 1-866-524-4199 or, for TTY users, 1-866-524-4170, weekdays from 8:00 am to 8:00 pm in your local time zone, or visit <http://www.uagrouppartd.com>.

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## **2015 UA Medicare Group Part D Formulary**

When this drug list (formulary) refers to "we," "us," or "our," it means United American Insurance Company. When it refers to "plan" or "our plan," it means UA Medicare Group Part D.

This document includes a list of the drugs (formulary) for our plan which is current as of 10/10/2014. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network and/or copayments/coinsurance may change on January 1, 2016, and from time to time during the year.

### **What is the UA Medicare Group Part D Formulary?**

A formulary is a list of covered drugs selected by UA Medicare Group Part D Prescription Drug Coverage (PDP) in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. UA Medicare Group Part D will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a UA Medicare Group Part D network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

### **Can the Formulary (drug list) change?**

Generally, if you are taking a drug on our 2015 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2015 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 10/10/2014. To get updated information about the drugs covered by UA Medicare Group Part D, please contact us. Our contact information appears on the front and back cover pages.

### **How do I use the Formulary?**

There are two ways to find your drug within the formulary:

#### **Medical Condition**

The formulary begins on page 3. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular/Hypertensive/Lipids." If you know what your drug is used for, look for the category name in the list that begins on page 3. Then look under the category name for your drug.

#### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 85. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## **What are generic drugs?**

UA Medicare Group Part D covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

## **Are there any restrictions on my coverage?**

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** UA Medicare Group Part D requires you (or your physician) to get prior authorization for certain drugs. This means that you will need to get approval from UA Medicare Group Part D before you fill your prescriptions. If you don't get approval, UA Medicare Group Part D may not cover the drug.
- **Quantity Limits:** For certain drugs, UA Medicare Group Part D limits the amount of the drug that we will cover. For example, UA Medicare Group Part D provides 30 pills per prescription for Zetia. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, UA Medicare Group Part D requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, UA Medicare Group Part D may not cover Drug B unless you try Drug A first. If Drug A does not work for you, UA Medicare Group Part D will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization, quantity limits, and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask UA Medicare Group Part D to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the UA Medicare Group Part D's formulary?" on page iii for information about how to request an exception.

## **What if my drug is not on the Formulary?**

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered.

If you learn that UA Medicare Group Part D does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by UA Medicare Group Part D. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by UA Medicare Group Part D.
- You can ask UA Medicare Group Part D to make an exception and cover your drug. See below for information about how to request an exception.

## **How do I request an exception to the UA Medicare Group Part D Formulary?**

You can ask UA Medicare Group Part D to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level (if this drug is not on the specialty tier). If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, UA Medicare Group Part D limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, UA Medicare Group Part D will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering, or utilization restriction exception. **When you request a formulary, tiering, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

## **What do I do before I can talk to my doctor about changing my drugs or requesting an exception?**

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with up to a 93-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

## **What if there is a change in my level of care?**

A level of care change is defined as when enrollees:

- Enter long term care (LTC) facilities from hospitals or other settings;
- Leave LTC facilities and return to the community;
- Are discharged from a hospital to a home;
- End a skilled nursing facility (SNF) stay covered under Medicare Part A (where all pharmacy charges are covered), and must revert to coverage under their Part D plan formulary;
- Revert from hospice status to standard Medicare Part A and B benefits; and
- Are discharged from psychiatric hospitals with medication regimens that are highly individualized.

While Part A does provide reimbursement for "a limited supply" to facilitate beneficiary discharge, you must be permitted to have a full outpatient supply available to continue therapy once this limited supply is exhausted. Level of Care supplies will be available for your prescription, when appropriate, that are received at retail, home infusion, or mail order.

We do not use an early-refill restriction to limit appropriate and necessary access to your Part D benefit. In instances where you are admitted to, or discharged from, a long term care facility, we allow you to access a refill upon admission or discharge. However, we may use early-refill restrictions for safety reasons.

## **For more information**

For more detailed information about your UA Medicare Group Part D prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about UA Medicare Group Part D, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

## **UA Medicare Group Part D's Formulary**

The formulary that begins on page 3 provides coverage information about the drugs covered by UA Medicare Group Part D. If you have trouble finding your drug in the list, turn to the Index that begins on page 85.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., **PRILOSEC**) and generic drugs are listed in lower-case italics (e.g., *omeprazole*).

The information in the Requirements/Limits column tells you if UA Medicare Group Part D has any special requirements for coverage of your drug.

## **Cost-Sharing**

Please refer to the Summary of Benefits for cost-sharing information.

## **Definitions of Abbreviations**

**B/D:** Covered Under B or D. This prescription may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

**LA:** Limited Access. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

**NM:** Not available at mail-order. This prescription is not available thru the mail-order pharmacy. These prescriptions can only be filled at a retail pharmacy or other specialized pharmacy (where available).

**PA:** Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

**QL:** Quantity Limit. For certain drugs, the Plan limits the amount of the drug we will cover.

**ST:** Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

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# **Section 1**

## **Commonly Prescribed**

## **Therapeutic Drugs**

## Commonly Prescribed Therapeutic Drug Categories

Drug Name	Drug Tier	Requirements/Limits
<b>ANALGESICS</b>		
<b>GOUT</b>		
<i>allopurinol tab</i>	1	
ALOPRIM	4	
<i>colchicine w/ probenecid</i>	2	
COLCRYS	3	QL (120 tabs / 30 days)
<i>probenecid</i>	2	
ULORIC	3	ST
ZYLOPRIM	4	
<b>MISCELLANEOUS</b>		
ARTHROTEC 50	4	
ARTHROTEC 75	4	
<i>diclofenac w/ misoprostol</i>	2	
DUEXIS	4	
VIMOVO	4	
<b>NSAIDS</b>		
ANAPROX	4	
ANAPROX DS	4	
CATAFLAM	4	
CELEBREX CAP 50MG	4	
CELEBREX CAP 100MG	4	
CELEBREX CAP 200MG	4	
CELEBREX CAP 400MG	4	
DAYPRO	4	
<i>diclofenac potassium</i>	2	
<i>diclofenac sodium</i> TB24; TBEC	2	
<i>diflunisal</i>	2	
EC-NAPROSYN 375mg	4	
EC-NAPROSYN 500mg	4	
<i>etodolac</i>	2	
<i>etodolac er</i>	2	
FELDENE	4	
<i>fenoprofen calcium</i>	2	
<i>flurbiprofen</i> TABS	2	
<i>ibuprofen</i> SUSP	2	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>ketoprofen</i> CAPS; CP24	2	
<i>mefenamic acid</i> CAPS	2	

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
MELOXICAM SUSP		2	
<i>meloxicam tabs</i>		1	
MOBIC		4	
<i>nabumetone TABS</i>		2	
NAPRELAN		4	
NAPROSYN		4	
<i>naproxen SUSP</i>		2	
<i>naproxen TABS; TBEC</i>		1	
<i>naproxen sodium TABS 275mg, 550mg</i>		1	
<i>oxaprozin</i>		2	
<i>piroxicam CAPS</i>		2	
PONSTEL		5	
<i>sulindac TABS</i>		1	
<i>tolmetin sodium</i>		2	
VOLTAREN-XR		4	
ZIPSOR		4	
ZORVOLEX		4	

#### **OPIOID ANALGESICS**

<i>acetaminophen w/ codeine SOLN</i>	2	QL (5000 mL / 30 days)
<i>acetaminophen w/ codeine TABS</i>	2	QL (400 tabs / 30 days)
ASPIRIN-CAFFEINE-DIHYDROCODEINE BITARTRATE		QL (360 caps / 30 days)
<i>butorphanol nasal spray</i>	2	QL (10 mL / 30 days)
<i>butorphanol tartrate SOLN</i>	2	
BUTTRANS 5mcg/hr	3	QL (16 patches / 28 days)
BUTTRANS 10mcg/hr	3	QL (8 patches / 28 days)
BUTTRANS 15mcg/hr, 20mcg/hr	3	QL (4 patches / 28 days)
<i>capital and codeine</i>	4	QL (5000 mL / 30 days)
CONZIP 100mg	4	QL (90 caps / 30 days)
CONZIP 200mg	4	QL (60 caps / 30 days)
CONZIP 300mg	4	QL (30 caps / 30 days)
<i>hyacet</i>	4	QL (5400 mL / 30 days)
<i>hydrocodone-acetaminophen 2.5-325mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen 5-300mg</i>	2	QL (400 tabs / 30 days)
<i>hydrocodone-acetaminophen 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen 7.5-300mg</i>	2	QL (400 tabs / 30 days)
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i>	2	QL (5400 mL / 30 days)
<i>hydrocodone-acetaminophen 7.5-325mg</i>	2	QL (360 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
hydrocodone-acetaminophen 10-300mg	2	QL (400 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325mg	2	QL (360 tabs / 30 days)
hydrocodone-ibuprofen	2	QL (150 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg2		QL (150 tabs / 30 days)
ibudone tab 10-200mg	2	QL (150 tabs / 30 days)
lortab	4	QL (6000 mL / 30 days)
norco	4	QL (360 tabs / 30 days)
repxain	4	QL (150 tabs / 30 days)
repxain 10/200	2	QL (150 tabs / 30 days)
SYNALGOS-DC	4	QL (360 caps / 30 days)
TRAMADOL HCL TB24	2	QL (30 tabs / 30 days)
tramadol hcl er TB24 100mg	2	QL (90 tabs / 30 days)
tramadol hcl er TB24 200mg	2	QL (30 tabs / 30 days)
tramadol hcl er (biphasic) 100mg	2	QL (90 tabs / 30 days)
tramadol hcl er (biphasic) 200mg	2	QL (30 tabs / 30 days)
tramadol hcl er (biphasic) 300mg	2	QL (30 tabs / 30 days)
tramadol hcl tab 50 mg	2	QL (240 tabs / 30 days)
tramadol-acetaminophen	2	QL (240 tabs / 30 days)
tylenol with codeine	4	QL (400 tabs / 30 days)
ULTRACET	4	QL (240 tabs / 30 days)
ULTRAM	4	QL (240 tabs / 30 days)
ULTRAM ER 100mg	4	QL (90 tabs / 30 days)
ULTRAM ER 200mg, 300mg	4	QL (30 tabs / 30 days)
vicodin	2	QL (400 tabs / 30 days)
vicodin es	2	QL (400 tabs / 30 days)
vicodin hp	2	QL (400 tabs / 30 days)
VICOPROFEN	4	QL (150 tabs / 30 days)
xodol tab 5-300mg	4	QL (400 tabs / 30 days)
xodol tab 7.5-300	4	QL (400 tabs / 30 days)
xodol tab 10-300mg	5	QL (400 tabs / 30 days)
zamicet	4	QL (5400 mL / 30 days)

#### **OPIOID ANALGESICS, CII**

ABSTRAL	5	QL (120 tabs / 30 days), PA
ACTIQ	5	QL (120 lozenges / 30 days), PA
AVINZA	4	QL (60 caps / 30 days)
CODEINE SULFATE TABS 15mg	2	QL (720 tabs / 30 days)
CODEINE SULFATE TABS 30mg	2	QL (360 tabs / 30 days)
CODEINE SULFATE TABS 60mg	2	QL (180 tabs / 30 days)

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
DILAUDID INJ	4	B/D	
DILAUDID TAB	4	QL (270 tabs / 30 days)	
DILAUDID-5 ORAL LIQD	4		
DILAUDID-HP INJ	4	B/D	
DILAUDID-HP INJ 250MG	4	B/D	
DOLOPHINE	4	QL (240 tabs / 30 days)	
DURAGESIC 12mcg/hr, 25mcg/hr	4	QL (10 patches / 30 days)	
DURAGESIC 50mcg/hr	4	QL (10 patches / 30 days), PA	
DURAGESIC 75mcg/hr, 100mcg/hr	5	QL (10 patches / 30 days), PA	
DURAMORPH	2	B/D	
<i>endocet</i>	2	QL (360 tabs / 30 days)	
ENDODAN TAB	2	QL (360 tabs / 30 days)	
EXALGO 8mg, 12mg	4	QL (60 tabs / 30 days)	
EXALGO 16mg, 32mg	5	QL (60 tabs / 30 days)	
<i>fentanyl citrate</i> LPOP	5	QL (120 lozenges / 30 days), PA	
<i>fentanyl patch</i> 12mcg/hr, 25mcg/hr	2	QL (10 patches / 30 days)	
<i>fentanyl patch</i> 50mcg/hr, 75mcg/hr, 100mcg/hr	2	QL (10 patches / 30 days), PA	
FENTORA	5	QL (120 tabs / 30 days), PA	
<i>hydromorphone hcl</i> LIQD	2		
<i>hydromorphone hcl</i> SOLN 500mg/50ml	2	B/D	
<i>hydromorphone hcl</i> TABS	2	QL (270 tabs / 30 days)	
<i>hydromorphone tab</i> 8mg er	2	QL (60 tabs / 30 days)	
<i>hydromorphone tab</i> 12mg er	2	QL (60 tabs / 30 days)	
<i>hydromorphone tab</i> 16mg er	2	QL (60 tabs / 30 days)	
HYDROMORPHONE TABS 32MG	5	QL (60 tabs / 30 days)	
INFUMORPH 200	4	B/D	
INFUMORPH 500	4	B/D	
KADIAN 10mg, 20mg, 30mg, 40mg, 50mg	4	QL (60 caps / 30 days)	
KADIAN 60mg, 70mg, 80mg, 100mg, 130mg, 150mg, 200mg	5	QL (60 caps / 30 days)	
LAZANDA	5	QL (30 bottles / 30 days), PA	
<i>levorphanol tartrate</i> TABS	2	QL (180 tabs / 30 days)	
<i>methadone hcl</i> CONC	2	QL (120 mL / 30 days)	
<i>methadone hcl</i> SOLN	2	QL (600 mL / 30 days)	
<i>methadone hcl</i> TABS	2	QL (240 tabs / 30 days)	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
METHADONE INJ 10MG/ML	4	
METHADOSE CONC	3	QL (120 mL / 30 days)
MORPHINE SUL 20MG/ML ORAL SOL	2	
<i>morpheine sulfate</i> CP24 10mg, 20mg, 30mg, 50mg, 60mg	2	QL (60 caps / 30 days)
<i>morpheine sulfate</i> CP24 80mg, 100mg	5	QL (60 caps / 30 days)
MORPHINE SULFATE SOLN 1mg/ml, 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml, 15mg/ml	2	B/D
MORPHINE SULFATE SOLN 10mg/5ml, 20mg/5ml		
<i>morpheine sulfate</i> SOLN .5mg/ml, 1mg/ml	2	B/D
MORPHINE SULFATE TABS	2	QL (180 tabs / 30 days)
<i>morpheine sulfate beads</i>	2	QL (60 caps / 30 days)
<i>morpheine sulfate ext-rel tab</i> 15mg, 30mg, 60mg, 100mg	2	QL (90 tabs / 30 days)
<i>morpheine sulfate ext-rel tab</i> 200mg	2	QL (60 tabs / 30 days)
MS CONTIN 15mg, 30mg, 60mg	4	QL (90 tabs / 30 days)
MS CONTIN 100mg	5	QL (90 tabs / 30 days)
MS CONTIN 200mg	5	QL (60 tabs / 30 days)
NUCYNTA 50mg	4	QL (360 tabs / 30 days)
NUCYNTA 75mg	4	QL (240 tabs / 30 days)
NUCYNTA 100mg	4	QL (180 tabs / 30 days)
NUCYNTA ER 50mg, 100mg	4	QL (120 tabs / 30 days)
NUCYNTA ER 150mg, 200mg, 250mg	4	QL (60 tabs / 30 days)
OPANA TABS	4	QL (180 tabs / 30 days)
OPANA ER (CRUSH RESISTANT 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg	4	QL (120 tabs / 30 days)
OPANA ER (CRUSH RESISTANT 40mg	5	QL (120 tabs / 30 days)
OXECTA	4	QL (270 tabs / 30 days)
OXYCODONE HCL CAPS	2	QL (180 caps / 30 days)
OXYCODONE HCL CONC	2	
<i>oxycodone hcl</i> SOLN	2	
<i>oxycodone hcl</i> TABS	2	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen</i> 2.5-325mg	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen</i> 5-325mg	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen</i> 7.5-325mg	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen</i> 10-325mg	2	QL (360 tabs / 30 days)
<i>oxycodone-aspirin</i>	2	QL (360 tabs / 30 days)

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxycodone-ibuprofen</i>	2	QL (28 tabs / 30 days)	
OXYCONTIN 10mg, 15mg, 20mg, 30mg, 40mg	4	QL (120 tabs / 30 days)	
OXYCONTIN 60mg, 80mg	5	QL (120 tabs / 30 days)	
<i>oxymorphone hcl TABS</i>	2	QL (180 tabs / 30 days)	
<i>percocet 2.5/325</i>	4	QL (360 tabs / 30 days)	
<i>percocet 7.5/325</i>	4	QL (360 tabs / 30 days)	
<i>percocet 10/325</i>	5	QL (360 tabs / 30 days)	
<i>percocet tab 5-325mg</i>	4	QL (360 tabs / 30 days)	
PERCODAN	4	QL (360 tabs / 30 days)	
<i>roxicet soln</i>	3	QL (1800 mL / 30 days)	
<i>roxicet tab 5-325mg</i>	2	QL (360 tabs / 30 days)	
ROXICODONE 5mg, 15mg	4	QL (180 tabs / 30 days)	
ROXICODONE 30mg	5	QL (180 tabs / 30 days)	
SUBSYS	5	QL (4 boxes / 30 days), PA	
XARTEMIS XR	4	QL (120 tabs / 30 days)	

## **ANESTHETICS**

### **LOCAL ANESTHETICS**

<i>lidocaine hcl (local anesth.)</i>	2	B/D
<i>lidocaine inj 0.5%</i>	2	B/D
<i>lidocaine inj 1%</i>	2	B/D
<i>lidocaine inj 1.5%</i>	2	B/D
<i>lidocaine inj 2%</i>	2	B/D
XYLOCAINE .5%, 1%, 2%	4	B/D
XYLOCAINE INJ 1%	4	B/D
XYLOCAINE-MPF	4	B/D

## **ANTI-INFECTIVES**

### **ANTI-BACTERIALS - MISCELLANEOUS**

<i>amikacin sulfate SOLN</i>	2	
BETHKIS	5	B/D, NM
<i>gentamicin in saline</i>	2	
<i>gentamicin sulfate SOLN</i>	2	
<i>neomycin sulfate TABS</i>	2	
<i>paromomycin sulfate CAPS</i>	2	
<i>streptomycin sulfate SOLR</i>	2	
<i>sulfadiazine TABS</i>	4	
TOBI NEB	5	B/D, NM
TOBI PODHALER	5	NM, PA
<i>tobramycin NEBU</i>	5	B/D, NM
<i>tobramycin sulfate SOLN; SOLR</i>	2	
<i>tobramycin sulfate in saline</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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***ANTI-INFECTIVES - MISCELLANEOUS***

ALBENZA	4	
ALINIA	4	
<i>atovaquone</i> SUSP	5	
AZACTAM	4	
AZACTAM/DEX INJ 1GM	4	
AZACTAM/DEX INJ 2GM	5	
<i>aztreonam</i>	2	
BACTRIM	4	
BACTRIM DS	4	
BILTRICIDE	3	
CAYSTON	5	NM, LA, PA
CLEOCIN CAPS	4	
<i>cleocin</i> SOLR	4	
CLEOCIN CAP 75MG	4	
CLEOCIN IN D5W	4	
CLEOCIN INJ	4	
CLEOCIN PHOSPHATE	4	
<i>clindamycin hcl</i> CAPS	1	
<i>clindamycin palmitate hydrochloride</i>	2	
<i>clindamycin phosphate</i> SOLN	2	
<i>clindamycin phosphate in d5w</i>	2	
<i>colistimethate sodium</i> SOLR	2	
COLY-MYCIN M	4	
CUBICIN	5	B/D
<i>dapsone</i> TABS	2	
DARAPRIM	4	
DORIBAX	4	
<i>e.s.p.</i>	2	
<i>ees/sulfisox sus 200-600</i>	2	
FLAGYL	4	
FLAGYL ER	4	
FURADANTIN	5	PA; 90 day limit if >64 yr
HIPREX	4	
<i>imipenem-cilastatin</i>	2	
INVANZ	4	
MACROBID	4	PA; 90 day limit if >64 yr
MACRODANTIN 25mg, 100mg	4	PA; 90 day limit if >64 yr
MACRODANTIN 50mg	4	PA; 90 day limit if >64 yr
MEPRON	5	
<i>meropenem</i>	2	
MERREM	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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<i>methenamine hippurate</i>	2	
METRO IV	3	
<i>metronidazole</i> CAPS	2	
<i>metronidazole</i> TABS	1	
<i>metronidazole</i> inj	2	
NEBUPENT	4	B/D
<i>nitrofurantoin</i> SUSP	2	PA; 90 day limit if >64 yr
<i>nitrofurantoin</i> macrocrystal	4	PA; 90 day limit if >64 yr
<i>nitrofurantoin monohyd macro</i>	4	PA; 90 day limit if >64 yr
PENTAM 300	4	
<i>polymyxin b sulfate</i> SOLR	2	
PRIMAXIN	4	
PRIMSOL SOL 50MG/5ML	4	
STROMECTOL	4	
<i>sulfamethoxazole-trimethop</i>	1	
<i>sulfamethoxazole-trimethoprim</i> inj	2	
SYNERCID	5	
<i>trimethoprim</i> TABS	1	
TYGACIL	5	
VANCOCIN HCL	5	
<i>vancomycin hcl</i> CAPS	5	
<i>vancomycin hcl</i> SOLR	2	B/D
XIFAXAN TAB 200MG	5	
ZYVOX	5	

#### **ANTIFUNGALS**

ABELCET	5	B/D
AMBISOME	5	B/D
AMPHOTEC	4	B/D
<i>amphotericin b</i> SOLR	2	B/D
ANCOBON	5	
CANCIDAS	5	
DIFLUCAN	4	
ERAXIS	5	
<i>fluconazole</i> SUSR; TABS	2	
<i>fluconazole</i> in dextrose	2	
<i>fluconazole</i> in nacl	2	
<i>flucytosine</i> CAPS	5	
GRIS-PEG	4	
<i>griseofulvin</i> microsize	2	
<i>griseofulvin</i> ultramicrosize	2	
<i>itraconazole</i> CAPS	2	PA
<i>ketoconazole</i> TABS	2	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LAMISIL PACK	4	
LAMISIL TABS	4	QL (90 tabs / 365 days)
MYCAMINE	5	
NOXAFIL SUSP; TBEC	5	
<i>nystatin</i> TABS	2	
ONMEL	4	PA
SPORANOX	5	PA
SPORANOX PULSEPAK	5	PA
SPORANOX SOL 10MG/ML	5	
<i>terbinafine hcl</i> TABS	1	QL (90 tabs / 365 days)
VFEND IV	4	
VFEND SUS 40MG/ML	5	
VFEND TAB	5	
<i>voriconazole</i> SUSR; TABS	5	
<i>voriconazole inj</i> 200mg	2	

#### **ANTIMALARIALS**

ATOVAQUONE-PROGUANIL HCL TAB 62.5-25 MG	2	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg	2	
<i>chloroquine phosphate</i> TABS	2	
COARTEM	3	
MALARONE	4	
<i>mefloquine hcl</i>	2	
PRIMAQUINE PHOSPHATE	3	
QUALAQUIN	4	
<i>quinine sulfate</i> CAPS	2	

#### **ANTIRETROVIRAL AGENTS**

abacavir sulfate	2	
APTVUS	5	
CRIXIVAN	4	
<i>didanosine</i>	2	
EDURANT	5	
EMTRIVA	3	
EPIVIR SOL 10MG/ML	3	
EPIVIR TABS	4	
FUZEON	5	NM
INTELENCE 25mg	4	
INTELENCE 100mg, 200mg	5	
INVIRASE CAPS	4	
INVIRASE TABS	5	
ISENTRESS CHEW 25mg	3	

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
ISENTRESS CHEW 100mg		5	
ISENTRESS PACK		3	
ISENTRESS TABS		5	
<i>lamivudine</i> 150mg, 300mg		2	
LEXIVA SUSP		4	
LEXIVA TABS		5	
NEVIRAPINE SUSP		2	
<i>nevirapine</i> TABS; TB24		2	
NORVIR		3	
PREZISTA SUSP		5	
PREZISTA TABS 75mg, 150mg		3	
PREZISTA TABS 600mg, 800mg		5	
RESCRIPTOR		4	
RETROVIR CAPS		4	
RETROVIR IV INFUSION		3	
RETROVIR SYRP		4	
REYATAZ		5	
SELZENTRY		5	
<i>stavudine</i>		2	
SUSTIVA CAPS		3	
SUSTIVA TABS		5	
TIVICAY		5	
VIDEX EC		4	
VIDEX PEDIATRIC		4	
VIRACEPT		5	
VIRAMUNE		4	
VIRAMUNE XR		4	
VIREAD		5	
ZERIT		4	
ZIAGEN		4	
<i>zidovudine</i>		2	

#### **ANTIRETROVIRAL COMBINATION AGENTS**

<i>abacavir sulfate-lamivudine-zidovudine</i>	5
ATRIPLA	5
COMBIVIR	5
COMPLERA	5
EPZICOM	5
KALETRA SOL	5
KALETRA TAB 100-25MG	3
KALETRA TAB 200-50MG	5
<i>lamivudine-zidovudine</i>	5
STRIBILD	5

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRIZIVIR	5	
TRUVADA	5	QL (30 tabs / 30 days)
<b>ANTITUBERCULAR AGENTS</b>		
CAPASTAT SULFATE	5	
<i>ethambutol hcl</i> TABS	2	
<i>isoniazid</i> SOLN; SYRP	2	
<i>isoniazid</i> tabs	1	
MYAMBUTOL	4	
MYCOBUTIN	4	
<i>paser d/r</i>	3	
PRIFTIN	4	
<i>pyrazinamide</i>	2	
<i>rifabutin</i>	2	
<i>rifadin</i> CAPS 150mg	4	
RIFADIN CAPS 300mg	4	
RIFADIN SOLR	4	
<i>rifamate</i>	4	
<i>rifampin</i> CAPS; SOLR	2	
RIFATER	4	
SIRTURO	5	LA, PA
TRECATOR	4	
<b>ANTIVIRALS</b>		
<i>acyclovir</i> CAPS; TABS	1	
<i>acyclovir</i> SUSP	2	
<i>acyclovir sodium</i> SOLN	2	B/D
<i>acyclovir sodium</i> SOLR 1000mg	2	B/D
<i>adefovir dipivoxil</i>	5	
BARACLUDE SOLN	3	
BARACLUDE TABS	5	
<i>cidofovir</i>	2	
COPEGUS	5	NM, PA
CYTOVENE	4	B/D
EPIVIR HBV	4	
<i>famciclovir</i> TABS	2	
FAMVIR	4	
FLUMADINE	4	
<i>foscarnet sodium</i>	2	
<i>ganciclovir inj 500mg</i>	2	B/D
HEPSERA	5	
<i>lamivudine</i> 100mg	2	
<i>moderiba pak</i>	5	NM, PA
<i>moderiba tab 200mg</i>	2	NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OLYSIO	5	NM, PA
REBETOL	5	NM, PA
RELENZA DISKHALER	3	
<i>ribapak mis 600/day</i>	5	NM, PA
<i>ribasphere CAPS</i>	2	NM, PA
<i>ribasphere TABS 200mg, 400mg</i>	2	NM, PA
<i>ribasphere TABS 600mg</i>	5	NM, PA
<i>ribasphere ribapak 800</i>	5	NM, PA
<i>ribasphere ribapak 1000</i>	5	NM, PA
<i>ribasphere ribapak 1200</i>	5	NM, PA
<i>ribavirin 200mg</i>	2	NM, PA
<i>rimantadine hydrochloride</i>	2	
SOVALDI	5	NM, PA
TAMIFLU	3	
TYZEKA	5	
<i>valacyclovir hcl TABS</i>	2	
VALCYTE	5	
VALTREX	4	
VICTRELIS	5	NM, PA
VISTIDE	4	
ZOVIRAX SUSP	4	

### ***CEPHALOSPORINS***

CEDAX	4
<i>cefaclor</i>	2
<i>cefaclor er tab 500mg</i>	3
<i>cefadroxil</i>	2
<i>cefazolin inj</i>	2
<i>cefazolin sodium 1gm, 20gm</i>	2
<i>cefazolin/dextrose</i>	3
<i>cefdinir</i>	2
CEFEPIME 1GM SOLN	4
CEFEPIME 2GM SOLN	4
<i>cefpime inj 1gm</i>	2
<i>cefpime inj 2gm</i>	2
<i>cefotaxime sodium</i>	2
<i>cefotetan disodium</i>	4
<i>cefoxitin sodium</i>	2
CEFOXITIN SODIUM IN DEXTROSE	4
<i>cefpodoxime proxetil</i>	2
<i>cefprozil</i>	2
<i>ceftazidime 1gm, 2gm, 6gm</i>	2
CEFTAZIDIME/DEXTROSE	4

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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<i>ceftibuten</i>	2
CEFTIN	4
<i>ceftriaxone sodium</i> SOLR	2
<i>cefuroxime axetil</i> SUSR	2
<i>cefuroxime axetil</i> TABS	1
<i>cefuroxime sodium</i> 1.5gm, 7.5gm, 750mg	2
<i>cephalexin</i> CAPS 250mg, 500mg	1
<i>cephalexin</i> CAPS 750mg	2
<i>cephalexin</i> SUSR	2
<i>cephalexin</i> TABS	2
<i>claforan</i> 1gm, 2gm	4
CLAFORAN 1gm, 2gm, 10gm, 500mg	4
FORTAZ	4
KEFLEX	4
MAXIPIME	4
<i>rocephin</i>	4
SUPRAX CAPS	3
<i>suprax</i> CHEW	4
<i>suprax</i> SUSR 100mg/5ml, 200mg/5ml	3
SUPRAX SUSR 500mg/5ml	3
<i>suprax</i> TABS	3
<i>tazicef</i> vial	2
TEFLARO	4
ZINACEF SOLR	4

***ERYTHROMYCINS/MACROLIDES***

AZITHROMYCIN PACK	2
<i>azithromycin</i> SOLR 500mg	2
<i>azithromycin</i> SUSR	2
<i>azithromycin</i> TABS 250mg	1
<i>azithromycin</i> TABS 500mg, 600mg	2
BIAXIN	4
BIAXIN XL	4
BIAXIN XL PAC	4
<i>clarithromycin</i> SUSR; TABS; TB24	2
DIFICID	5
e.e.s. 400 tab 400mg	2
E.E.S. GRANULES	4
<i>ery-tab</i> 250mg, 333mg	4
<i>ery-tab</i> 500mg	4
ERYPED 200	4
ERYPED 400	4

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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<i>erythroc</i> in lactobionate 500mg	4
<i>erythroc</i> in stearate	2
<i>erythromycin</i> base	2
<i>erythromycin</i> cap 250mg ec	2
<i>erythromycin</i> ethylsuccinate	2
PCE	4
ZITHROMAX	4
ZITHROMAX TRI-PAK	4
ZITHROMAX Z-PAK	4
ZMAX	3

***FLUOROQUINOLONES***

AVELOX	4
AVELOX ABC PACK	4
CIPRO	4
<i>ciprofloxacin</i> SOLN 200mg/20ml	2
<i>ciprofloxacin</i> SUSR	2
<i>ciprofloxacin</i> er	2
<i>ciprofloxacin</i> hcl TABS	1
<i>ciprofloxacin</i> in d5w	2
<i>ciprofloxacin</i> inj	2
FACTIVE	4
LEVAQUIN	4
<i>levofloxacin</i> SOLN; TABS	2
<i>levofloxacin</i> in d5w	2
<i>moxifloxacin</i> hcl	2

***PENICILLINS***

amoxicillin	1
amoxicillin & pot clavulanate	2
ampicillin & sulbactam sodium	2
ampicillin cap 250mg	1
ampicillin cap 500 mg	1
ampicillin inj	2
ampicillin sodium	2
ampicillin susp	1
AUGMENTIN	4
AUGMENTIN ES-600	4
AUGMENTIN XR	4
BACTOCILL INJ DEX 1GM	4
BACTOCILL INJ DEX 2GM	5
BICILLIN C-R	4
BICILLIN L-A	4
<i>dicloxacillin</i> sodium	2

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MOXATAG	4	
<i>nafcillin sodium</i> 1gm	2	
<i>nafcillin sodium</i> 2gm, 10gm	5	
NALLPEN ISO-OSMOTIC IN DE	5	
NALLPEN/DEXTROSE	4	
<i>oxacillin sodium</i> 1gm, 2gm	2	
<i>oxacillin sodium</i> 10gm	5	
PENICILLIN G POT IN DEXTROSE	4	
<i>penicillin g potassium</i>	2	
PENICILLIN G POTASSIUM IN	4	
<i>penicillin g procaine</i>	3	
<i>penicillin g sodium</i>	2	
<i>penicillin v potassium</i>	1	
<i>pfizerpen</i>	2	
<i>piperacillin sodium-tazobactam sodium</i> 2		
TIMENTIN SOLR	4	
UNASYN	4	
UNASYN BULK PACK	4	
ZOSYN	4	
<b>TETRACYCLINES</b>		
<i>adoxa</i> CAPS	4	
<i>demeclercycline hcl</i>	2	
DORYX	4	
<i>doxycycline (monohydrate)</i>	2	
<i>doxycycline hyclate</i> CAPS; SOLR; TABS; TBEC	2	
<i>minocycline hcl</i> CAPS; TABS; TB24	2	
SOLODYN	5	
TETRACYCLINE HCL CAPS	2	
VIBRAMYCIN	4	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
ALKERAN SOLR	4	B/D
BICNU	4	B/D
BUSULFEX	4	B/D
CYCLOPHOSPHAMIDE CAPS	4	B/D
<i>cyclophosphamide</i> SOLR; TABS	2	B/D
<i>dacarbazine</i> 200mg	2	B/D
EMCYT	4	
HEXALEN	5	
IFEX	4	B/D
IFEX INJ 3GM	4	B/D

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ifosfamide</i> 1gm/20ml, 3gm/60ml	2	B/D	
<i>ifosfamide</i> 3gm/60ml	4	B/D	
<i>ifosfamide for inj 1 gm</i>	2	B/D	
IFOSFAMIDE FOR INJ 3 GM	4	B/D	
<i>ifosfamide inj 1gm/20ml</i>	4	B/D	
LEUKERAN	4		
LOMUSTINE	2		
<i>melphalan hcl</i>	5	B/D	
MUSTARGEN	4	B/D	
TREANDA	5	B/D, NM	
ZANOSAR	4	B/D	
<b>ANTHRACYCLINES</b>			
<i>adriamycin inj 20mg</i>	2	B/D	
<i>daunorubicin hcl</i>	2	B/D	
<i>daunorubicin hcl for inj 20 mg</i>	2	B/D	
DOXIL	5	B/D	
<i>doxorubicin hcl 50mg</i>	2	B/D	
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	5	B/D	
<i>doxorubicin inj 50mg</i>	2	B/D	
ELLENCE	5	B/D	
EPIRUBICIN INJ 50MG	4	B/D	
<i>epirubicin inj 50mg/25ml</i>	2	B/D	
<i>epirubicin inj 200mg</i>	2	B/D	
IDAMYCIN PFS	4	B/D	
<i>idarubicin hcl</i>	5	B/D	
<b>ANTIBIOTICS</b>			
<i>bleomycin sulfate</i>	2	B/D	
COSMEGEN	5	B/D	
<i>mitomycin SOLR</i>	2	B/D	
<b>ANTIMETABOLITES</b>			
<i>adrucil</i>	2	B/D	
ALIMTA	5	B/D	
ARRANON	4	B/D	
<i>azacitidine</i>	5	B/D, NM	
<i>cladribine</i>	5	B/D	
CLOLAR	4	B/D	
<i>cytarabine inj</i>	2	B/D	
DACOGEN	5	B/D, NM	
<i>decitabine</i>	2	B/D, NM	
<i>fludarabine phosphate</i>	2	B/D	
<i>fluorouracil SOLN</i>	2	B/D	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GEMCITABINE	5	B/D
<i>gemcitabine hcl</i>	5	B/D
GEMZAR	5	B/D
<i>mercaptopurine TABS</i>	2	
<i>methotrexate sodium inj</i>	2	B/D
NIPENT	5	B/D
PURINETHOL	4	
TABLOID	4	
VIDAZA	5	B/D, NM

#### ***ANTIMITOTIC, TAXOIDS***

ABRAXANE	5	B/D
DOCETAXEL CONC 20mg/0.5ml, 20mg/ml, 80mg/4ml	5	B/D
<i>docetaxel</i> CONC 140mg/7ml	5	B/D
DOCETAXEL SOLN 80mg/8ml	5	B/D
<i>paclitaxel</i>	2	B/D
TAXOTERE	5	B/D

#### ***ANTIMITOTIC, VINCA ALKALOIDS***

<i>vinblastine sulfate</i> SOLN	3	B/D
<i>vincasar</i>	2	B/D
<i>vincristine sulfate</i>	2	B/D
<i>vinorelbine tartrate</i>	2	B/D

#### ***BIOLOGIC RESPONSE MODIFIERS***

ARZERRA	5	B/D, NM
AVASTIN	5	B/D, NM
ERBITUX	5	B/D, NM
ERIVEDGE	5	NM, LA, PA
HERCEPTIN	5	B/D, NM
ISTODAX	5	B/D, NM
KADCYLA	5	B/D, NM
PROLEUKIN	5	B/D, NM
RITUXAN	5	NM, PA
TORISEL	5	B/D, NM
VECTIBIX	5	B/D, NM
VELCADE	5	B/D, NM
ZOLINZA	5	NM, PA

#### ***HORMONAL ANTINEOPLASTIC AGENTS***

<i>anastrozole</i> TABS	2	
ARIMIDEX	4	
AROMASIN	4	
<i>bicalutamide</i>	2	
CASODEX	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DEPO-PROVERA INJ 400/ML	4	B/D
ELIGARD 7.5mg	4	B/D, NM
ELIGARD 45mg	5	B/D, NM
ELIGARD INJ 22.5MG	4	B/D
ELIGARD INJ 30MG	4	B/D
<i>exemestane</i>	2	
FARESTON	5	
FASLODEX	5	B/D
FEMARA	4	
FIRMAGON 80mg	4	B/D, NM
FIRMAGON 120mg	5	B/D, NM
<i>flutamide</i>	2	
<i>letrozole TABS</i>	2	
<i>leuprolide acetate KIT</i>	2	NM, PA
LUPR DEP-PED INJ 15MG	5	NM, PA
LUPR DEP-PED INJ 30MG (3-MONTH)	5	NM, PA
LUPRON DEP INJ 11.25MG	5	NM, PA
LUPRON DEPOT 3.75mg, 7.5mg	5	NM, PA
LUPRON DEPOT INJ 22.5MG (3-MONTH)	5	NM, PA
LUPRON DEPOT INJ 30MG (3-MONTH)	5	NM, PA
LUPRON DEPOT-PED	5	NM, PA
LYSODREN	3	
MEGACE ES	5	PA
MEGACE ORAL	4	PA
<i>megestrol acetate SUSP; TABS</i>	4	PA
NILANDRON	5	
SOLTAMOX	4	
<i>tamoxifen citrate TABS</i>	1	
TRELSTAR DEPOT MIXJECT	5	NM, PA
TRELSTAR LA MIXJECT	5	NM, PA
TRELSTAR MIXJECT	5	NM, PA
XTANDI	5	NM, LA, PA
ZYTIGA	5	NM, PA

### **KINASE INHIBITORS**

AFINITOR	5	NM, PA
AFINITOR DISPERZ	5	NM, PA
BOSULIF	5	NM, PA
CAPRELSA	5	NM, LA, PA
COMETRIQ	5	NM, PA
GILOTTRIF TAB 20MG	5	NM, LA, PA
GILOTTRIF TAB 30MG	5	NM, LA, PA
GILOTTRIF TAB 40MG	5	NM, LA, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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GLEEVEC	5	NM, PA
ICLUSIG	5	NM, LA, PA
IMBRUICA CAP 140MG	5	NM, LA, PA
INLYTA	5	NM, LA, PA
JAKAFI	5	NM, LA, PA
MEKINIST	5	NM, PA
NEXAVAR	5	NM, LA, PA
SPRYCEL	5	NM, PA
STIVARGA	5	NM, LA, PA
SUTENT 12.5mg, 25mg, 50mg	5	NM, PA
SUTENT 37.5mg	5	PA
TAFINLAR	5	NM, PA
TARCEVA	5	NM, PA
TASIGNA	5	NM, PA
TYKERB	5	NM, LA, PA
VOTRIENT	5	NM, PA
XALKORI	5	NM, LA, PA
ZELBORAF	5	NM, LA, PA
ZYKADIA	5	NM, LA, PA

**MISCELLANEOUS**

DROXIA	3	
HALAVEN	5	B/D, NM
HYDREA	4	
<i>hydroxyurea</i> CAPS	2	
IXEMPRA KIT	5	B/D, NM
MATULANE	5	
<i>mitoxantrone hcl</i>	2	B/D, NM
POMALYST	5	NM, LA, PA
SYLATRON KIT 296MCG	5	NM, PA
SYLATRON KIT 444MCG	5	NM, PA
SYLATRON KIT 888MCG	5	NM, PA
TARGETIN CAPS	5	NM, PA
<i>tretinoin</i> CAPS	5	
TRISENOX	5	B/D
UVADEX	4	B/D

**PLATINUM-BASED AGENTS**

<i>carboplatin</i> SOLN	2	B/D
<i>cisplatin</i>	2	B/D
ELOXATIN 50mg/10ml, 100mg/20ml	5	B/D
<i>oxaliplatin</i>	5	B/D

**PROTECTIVE AGENTS**

<i>amifostine crystalline</i>	5	B/D
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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dexrazoxane 250mg	5	B/D
ELITEK	5	B/D
KEPIVANCE	5	B/D
<i>leucovor ca inj</i>	2	B/D
<i>leucovorin calcium SOLR</i>	2	B/D
<i>leucovorin calcium TABS</i>	2	
<i>leucovorin calcium 500 mg</i>	2	B/D
<i>leucovorin calcium inj 10 mg/ml</i>	2	B/D
<i>mesna</i>	2	B/D
MESNEX SOLN	4	B/D
MESNEX TABS	5	
ZINECARD	4	B/D

**TOPOISOMERASE INHIBITORS**

CAMPTOSAR	4	B/D
ETOPOPHOS	4	B/D
<i>etoposide SOLN 500mg/25ml</i>	2	B/D
HYCAMTIN SOLR	5	B/D
<i>irinotecan</i>	5	B/D
<i>irinotecan hcl</i>	5	B/D
<i>toposar 1gm/50ml</i>	2	B/D
<i>topotecan hcl SOLR</i>	5	B/D

**CARDIOVASCULAR**

**ACE INHIBITOR COMBINATIONS**

ACCURETIC	4	
<i>amlodipine besylate-benazepril hcl</i>	1	
<i>benazepril &amp; hydrochlorothiazide</i>	1	
<i>captopril &amp; hydrochlorothiazide</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	1	
<i>lisinopril &amp; hydrochlorothiazide</i>	1	
LOTREL	4	
<i>moexipril-hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
TARKA	4	
UNIRETIC	4	
VASERETIC	4	
ZESTORETIC	4	

**ACE INHIBITORS**

ACCUPRIL	4	
ALTACE	4	
<i>benazepril hcl TABS</i>	1	
<i>captopril TABS</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>enalapril maleate</i> TABS	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i> TABS	1	
LOTENSIN 20mg, 40mg	4	
MAVIK	4	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
PRINIVIL	4	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
UNIVASC	4	
VASOTEC	4	
ZESTRIL 2.5mg, 5mg, 10mg, 20mg, 30mg	4	
ZESTRIL 40mg	4	
<b><i>ALDOSTERONE RECEPTOR ANTAGONISTS</i></b>		
ALDACTONE	4	
eplerenone	2	
INSPRA	4	
<i>spironolactone</i> TABS	1	
<b><i>ALPHA BLOCKERS</i></b>		
CARDURA	4	
<i>doxazosin mesylate</i>	2	
MINIPRESS	4	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	
<b><i>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</i></b>		
ATACAND HCT	4	
AVALIDE	4	
AZOR	3	
BENICAR HCT	3	
<i>candesartan</i> <i>cilexetil-hydrochlorothiazide</i>	1	
DIOVAN HCT	4	
EDARBYCLOL	4	
EXFORGE	3	
EXFORGE HCT	3	
EXFORGE HCT/10- TAB 160-25	3	
HYZAAR	4	
<i>irbesartan-hydrochlorothiazide</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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<i>losartan potassium &amp; hydrochlorothiazide</i>	1	
MICARDIS HCT	4	
<i>telmisartanamlodipine</i>	1	
<i>telmisartanhydrochlorothiazide</i>	1	
TEVETEN HCT	4	
TRIBENZOR	3	
TWYNSTA	4	
<i>valsartan &amp; hctz tab 320-25mg</i>	1	
<i>valsartanhydrochlorothiazide</i>	1	

**ANGIOTENSIN II RECEPTOR ANTAGONISTS**

ATACAND	4	
AVAPRO	4	
BENICAR	3	
<i>candesartan cilexetil</i>	1	
COZAAR	4	
DIOVAN	4	
EDARBI	4	
<i>eprosartan mesylate</i>	1	
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
MICARDIS	4	
TELMISARTAN	1	
TEVETEN	4	
<i>valsartan</i>	1	

**ANTIARRHYTHMICS**

<i>amiodarone hcl SOLN</i>	2	
<i>amiodarone hcl TABS 100mg, 400mg</i>	2	
<i>amiodarone hcl TABS 200mg</i>	1	
<i>amiodarone inj 50mg/ml</i>	2	
BETAPACE	4	
BETAPACE AF	4	
<i>disopyramide phosphate</i>	4	PA
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	2	
MULTAQ	4	
NORPACE	4	PA
NORPACE CR	4	PA
<i>pacerone 100mg, 400mg</i>	2	
<i>pacerone 200mg</i>	1	
<i>propafenone hcl</i>	2	
<i>quinidine gluconate er</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>quinidine sulfate</i> TABS	1	
<i>quinidine sulfate</i> TBCR	2	
RYTHMOL	4	
RYTHMOL SR	4	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hcl (afib/afl)</i>	2	
TIKOSYN	4	NM
<b><i>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</i></b>		
ALTOPREV	4	
<i>atorvastatin calcium</i>	1	
CRESTOR	3	
<i>fluvastatin sodium</i>	1	
LESCOL	4	
LESCOL XL	4	
LIPITOR	4	
LIVALO	4	
<i>lovastatin</i>	1	
PRAVACHOL	4	
<i>pravastatin sodium</i>	1	
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 1 40mg	1	
<i>simvastatin</i> TABS 80mg	1	QL (30 tabs / 30 days)
ZOCOR 5mg, 10mg, 20mg, 40mg	4	
ZOCOR 80mg	4	QL (30 tabs / 30 days)
<b><i>ANTILIPEMICS, MISCELLANEOUS</i></b>		
ADVICOR	4	
ANTARA	4	
<i>cholestyramine</i>	2	
<i>cholestyramine light</i>	2	
<i>choline fenofibrate</i>	2	
COLESTID GRAN; TABS	4	
COLESTID PACK	4	
<i>colestipol hcl</i>	2	
FENOFIBRATE CAPS	2	
<i>fenofibrate</i> TABS	2	
<i>fenofibrate micronized</i>	2	
FENOFIBRIC ACID	2	
FENOGLIDE	4	
FIBRICOR	4	
<i>gemfibrozil</i> TABS	2	
LIPOFEN	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LIPTRUZET	4	
<i>lofibra</i>	4	
LOPID	4	
LOVAZA CAP 1GM	4	
<i>niacin (antihyperlipidemic)</i>	2	
<i>niacor</i>	2	
NIASPAN	4	
<i>omega-3-acid ethyl esters</i>	2	
<i>prevalite</i>	2	
<i>questran</i>	4	
<i>questran light</i>	4	
SIMCOR	4	
TRICOR 48mg	4	
TRICOR 145mg	4	
TRIGLIDE	4	
TRILPIX	4	
VASCEPA	4	
VYTORIN	4	
WELCHOL	3	
ZETIA TAB 10MG	3	

#### **BETA-BLOCKER/DIURETIC COMBINATIONS**

<i>atenolol &amp; chlorthalidone</i>	1
<i>bisoprolol &amp; hydrochlorothiazide</i>	1
CORZIDE	4
DUTOPROL	4
LOPRESSOR HCT	4
<i>metoprolol &amp; hctz tab 50-25mg</i>	2
<i>metoprolol &amp; hctz tab 100-25mg</i>	2
<i>metoprolol &amp; hctz tab 100-50mg</i>	2
<i>nadolol &amp; bendroflumethiazide</i>	2
<i>propranolol &amp; hydrochlorothiazide</i>	2
TENORETIC 50	4
TENORETIC 100	4
ZIAC	4

#### **BETA-BLOCKERS**

<i>acebutolol hcl CAPS</i>	1
<i>atenolol TABS</i>	1
<i>betaxolol hcl</i>	2
<i>bisoprolol fumarate</i>	2
BYSTOLIC	4
<i>carvedilol</i>	1
COREG	4

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COREG CR	4	
CORGARD	4	
INDERAL LA	4	
<i>labetalol hcl</i> SOLN; TABS	2	
LOPRESSOR SOLN	4	
<i>metoprolol succinate</i>	2	
<i>metoprolol tartrate</i> SOLN	2	
<i>metoprolol tartrate</i> TABS	1	
<i>nadolol</i> TABS	2	
<i>pindolol</i>	2	
<i>propranolol hcl er</i>	2	
<i>propranolol inj 1mg/ml</i>	2	
<i>propranolol sol</i>	2	
<i>propranolol tab</i>	1	
SECTRAL	4	
TENORMIN	4	
<i>timolol maleate</i> TABS	2	
TOPROL XL	4	
TRANDATE	4	
ZEBETA	4	
<b>CALCIUM CHANNEL BLOCKER/ANTI-LIPEMIC COMBINATIONS</b>		
AMLODIPINE BESYLATE/ATORV	1	
CADUET	4	
<b>CALCIUM CHANNEL BLOCKERS</b>		
ADALAT CC 30mg, 60mg	4	
ADALAT CC 90mg	4	
<i>afeditab cr</i>	2	
<i>amlodipine besylate</i> TABS	1	
CALAN	4	
CALAN SR	4	
CARDENE SR	3	
CARDIZEM 60mg, 120mg	4	
CARDIZEM CD	4	
CARDIZEM LA	4	
<i>cartia xt</i>	2	
<i>dilacor</i>	4	
<i>dilt-cd cap</i>	2	
<i>dilt-xr cap</i>	2	
<i>diltiazem cap 120mg/24hr</i>	2	
<i>diltiazem cap er/12hr</i>	2	
<i>diltiazem hcl</i> TABS	1	
<i>diltiazem hcl coated beads</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diltiazem hcl er</i>	2	
<i>diltiazem hcl extended release beads</i>	2	
<i>diltiazem inj 25mg/5ml</i>	2	
<i>diltiazem inj 50/10ml</i>	2	
<i>diltiazem inj 100mg</i>	4	
<i>diltiazem inj 125/25ml</i>	2	
<i>diltzac</i>	2	
<i>felodipine</i>	2	
<i>isradipine</i>	2	
<i>matzim la</i>	2	
<i>nicardipine hcl CAPS</i>	2	
<i>nifedical</i>	2	
<i>nifedipine TB24</i>	2	
<i>nifedipine er</i>	2	
<i>nimodipine CAPS</i>	2	
<i>nisoldipine</i>	2	
NORVASC	4	
NYMALIZE	5	
PROCARDIA XL	4	
SULAR	4	
<i>taztia xt</i>	2	
TIAZAC	4	
<i>verapamil hcl CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg</i>	2	
VERAPAMIL HCL CP24 360mg	2	
<i>verapamil hcl SOLN</i>	2	
<i>verapamil hcl TABS</i>	1	
<i>verapamil hcl TBCR</i>	2	
VERELAN	4	
VERELAN PM	4	

#### **DIGITALIS GLYCOSIDES**

<i>digoxin 125mcg</i>	2	QL (30 tabs / 30 days)
<i>digoxin 250mcg</i>	2	PA
<i>digoxin inj</i>	2	
DIGOXIN SOL 50MCG/ML	2	PA
LANOXIN 62.5mcg	3	QL (60 tabs / 30 days)
LANOXIN 187.5mcg	3	PA
LANOXIN INJ 0.25MG/ML	4	
LANOXIN PEDIATRIC	4	
LANOXIN TAB 125mcg	3	QL (30 tabs / 30 days)
LANOXIN TAB 250mcg	3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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***DIRECT RENIN INHIBITORS/COMBINATIONS***

AMTURNIDE	3
AMTURNIDE TAB 300-10-25 MG	3
TEKAMLO	3
TEKTURNA	3
TEKTURNA HCT	3

***DIURETICS***

acetazolamide CP12; TABS	2
acetazolamide sodium	2
ALDACTAZIDE	4
ALDACTAZIDE TAB 50/50	4
amiloride & hydrochlorothiazide	1
amiloride hcl	2
bumetanide SOLN	2
bumetanide TABS	1
chlorothiazide	1
chlorthalidone 25mg, 50mg	1
DEMADEX 5mg, 10mg, 20mg	4
DEMADEX 100mg	4
DIAMOX	4
DIURIL SUS 250/5ML	3
DYAZIDE	4
DYRENIUM	4
EDECIN	4
furosemide SOLN; TABS	1
furosemide inj	2
furosemide oral soln 8 mg/ml	2
hydrochlorothiazide CAPS; TABS	1
indapamide	1
LASIX	4
MAXZIDE	4
MAXZIDE-25	4
methazolamide TABS	2
methyclothiazide	2
metolazone	2
MICROZIDE	4
SODIUM DIURIL	4
spironolactone & hydrochlorothiazide	1
torsemide inj 20mg/2ml	2
torsemide inj 50mg/5ml	2
torsemide tabs	1
triamt/hctz cap 37.5-25	1

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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<i>triamt/hctz cap 50-25mg</i>	2
<i>triamt/hctz tab 37.5-25</i>	1
<i>triamt/hctz tab 75-50mg</i>	1
ZAROXOLYN	4

**MISCELLANEOUS**

BIDIL	3
CATAPRES TAB	4
CATAPRES-TTS	4
CATAPRES-TTS-3	4
<i>clonidine hcl</i> PTWK	2
<i>clonidine hcl</i> TABS	1
<i>clorpres</i>	2
DEM SER	5
DIBENZYLINE	4
<i>hydralazine hcl</i>	2
<i>midodrine hcl</i>	2
<i>minoxidil</i> TABS	2
RANEXA	3

**NITRATES**

DILATRATE SR	4
<i>imdur</i>	4
ISORDIL TITRADOSE	4
<i>isosorbide dinitrate</i>	2
<i>isosorbide mononitrate</i>	1
<i>minitran</i>	2
<i>nitro-bid</i>	3
NITRO-DUR	4
NITROGLYCERIN .4mg/spray	2
NITROGLYCERIN LINGUAL	2
<i>nitroglycerin patches</i>	2
NITROLINGUAL SPR PUMPSPRA	3
NITROMIST	4
NITROSTAT	3

**PULMONARY ARTERIAL HYPERTENSION**

ADCIRCA	5	NM, PA
ADEMPAS	5	NM, PA
LETAIRIS	5	NM, LA, PA
OPSUMIT	5	NM, PA
ORENITRAM TAB 0.25MG	5	NM, PA
ORENITRAM TAB 0.125MG	4	NM, PA
ORENITRAM TAB 1MG	5	NM, PA
ORENITRAM TAB 2.5MG	5	NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
REMODULIN	5	B/D, NM, LA
REVATIO TABS	5	NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i>	5	NM, PA
TRACLEER	5	NM, LA, PA
TYVASO	5	B/D, NM
VENTAVIS	5	B/D, NM

## **CENTRAL NERVOUS SYSTEM**

### **ANTIANXIETY**

<i>alprazolam</i> CONC	2	QL (300 mL / 30 days)
<i>alprazolam</i> TABS 1mg	1	QL (120 tabs / 30 days)
<i>alprazolam</i> TABS 2mg	1	QL (150 tabs / 30 days)
<i>alprazolam</i> TABS .5mg	1	QL (240 tabs / 30 days)
<i>alprazolam</i> TABS .25mg	1	QL (480 tabs / 30 days)
ATIVAN SOLN	4	
ATIVAN TABS	4	QL (150 tabs / 30 days)
<i>buspirone hcl</i> TABS	2	
<i>fluvoxamine maleate</i> 25mg, 50mg	2	QL (45 tabs / 30 days)
<i>fluvoxamine maleate</i> 100mg	2	
<i>fluvoxamine maleate er</i> 100mg	2	QL (90 caps / 30 days)
<i>fluvoxamine maleate er</i> 150mg	2	QL (60 caps / 30 days)
<i>lorazepam</i> CONC	2	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN	2	
<i>lorazepam</i> TABS	1	QL (150 tabs / 30 days)
LUVOX CR 100mg	4	QL (90 caps / 30 days)
LUVOX CR 150mg	4	QL (60 caps / 30 days)
XANAX TAB 0.5MG	4	QL (240 tabs / 30 days)
XANAX TAB 0.25MG	4	QL (480 tabs / 30 days)
XANAX TAB 1MG	4	QL (120 tabs / 30 days)
XANAX TAB 2MG	4	QL (150 tabs / 30 days)

### **ANTICONVULSANTS**

APTIOM	4	
BANZEL SUS 40MG/ML	5	PA
BANZEL TAB 200MG	4	PA
BANZEL TAB 400MG	5	PA
<i>carbamazepine</i> CHEW; TABS	1	
<i>carbamazepine</i> CP12; SUSP; TB12	2	
CARBATROL	4	
CELONTIN	4	
<i>clonazepam</i> TABS 1mg	1	QL (600 tabs / 30 days)
<i>clonazepam</i> TABS 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg	1	QL (1200 tabs / 30 days)

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clonazepam</i>	TBDP 1mg	2	QL (600 tabs / 30 days)
<i>clonazepam</i>	TBDP 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i>	TBDP .5mg	2	QL (1200 tabs / 30 days)
<i>clonazepam</i>	TBDP .25mg	2	QL (2400 tabs / 30 days)
<i>clonazepam</i>	TBDP .125mg	2	QL (4800 tabs / 30 days)
<i>clorazepate dipotassium</i>	3.75mg, 7.5mg	2	QL (120 tabs / 30 days), PA
<i>clorazepate dipotassium</i>	15mg	2	QL (180 tabs / 30 days), PA
DEPACON		4	
DEPAKENE		4	
DEPAKOTE		4	
DEPAKOTE ER		4	
DEPAKOTE SPRINKLES		4	
DIASTAT ACUDIAL		4	
DIASTAT PEDIATRIC		4	
<i>diazepam</i>	CONC	2	QL (240 mL / 30 days), PA
<i>diazepam</i>	SOLN 1mg/ml	2	QL (1200 mL / 30 days), PA
<i>diazepam</i>	SOLN 5mg/ml	2	
<i>diazepam</i>	TABS	1	QL (120 tabs / 30 days), PA
DIAZEPAM GEL (ANTICONVULSANT)		2	
<i>dilantin</i>	CAPS; CHEW	3	
DILANTIN	SUSP	3	
<i>divalproex sodium</i>		2	
<i>epitol</i>		1	
<i>ethosuximide</i>	CAPS; SOLN	2	
<i>felbamate</i>	SUSP	5	
<i>felbamate</i>	TABS 400mg	2	
<i>felbamate</i>	TABS 600mg	5	
FELBATOL		5	
FYCOMPA		4	PA
<i>gabapentin</i>	CAPS 100mg	1	QL (1080 caps / 30 days)
<i>gabapentin</i>	CAPS 300mg	1	QL (360 caps / 30 days)
<i>gabapentin</i>	CAPS 400mg	1	QL (270 caps / 30 days)
<i>gabapentin</i>	SOLN	2	QL (2160 mL / 30 days)
<i>gabapentin</i>	TABS 600mg	2	QL (180 tabs / 30 days)
<i>gabapentin</i>	TABS 800mg	2	QL (120 tabs / 30 days)
GABITRIL		4	
KEPPRA	SOLN 100mg/ml	4	
KEPPRA	SOLN 500mg/5ml	5	
KEPPRA	TABS 250mg, 500mg	4	

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
KEPPRA TABS 750mg, 1000mg	5		
KEPPRA XR 500mg	4		
KEPPRA XR 750mg	5		
KLONOPIN 1mg	4		QL (600 tabs / 30 days)
KLONOPIN 2mg	4		QL (300 tabs / 30 days)
KLONOPIN .5mg	4		QL (1200 tabs / 30 days)
LAMICTAL TABS	4		
LAMICTAL CHEWABLE DISPERS 5mg	4		
LAMICTAL CHEWABLE DISPERS 25mg	5		
LAMICTAL ODT	4		
LAMICTAL STARTER	4		
LAMICTAL XR	4		
<i>lamotrigine</i> CHEW; TB24	2		
<i>lamotrigine</i> TABS	1		
<i>levetiracetam</i> SOLN; TABS; TB24	2		
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3		QL (120 caps / 30 days)
LYRICA CAPS 200mg	3		QL (90 caps / 30 days)
LYRICA CAPS 225mg, 300mg	3		QL (60 caps / 30 days)
LYRICA SOLN	3		QL (946 mL / 30 days)
MYSOLINE	4		
NEURONTIN CAPS 100mg	4		QL (1080 caps / 30 days)
NEURONTIN CAPS 300mg	4		QL (360 caps / 30 days)
NEURONTIN CAPS 400mg	4		QL (270 caps / 30 days)
NEURONTIN SOLN	4		QL (2160 mL / 30 days)
NEURONTIN TABS 600mg	4		QL (180 tabs / 30 days)
NEURONTIN TABS 800mg	4		QL (120 tabs / 30 days)
ONFI SUS 2.5MG/ML	4	PA	
ONFI TAB 10MG	4	PA	
<i>oxcarbazepine</i>	2		
OXTELLAR XR	4		
PEGANONE	4		
<i>phenobarbital</i> ELIX; TABS	4	PA	
PHENOBARBITAL SODIUM 65mg/ml	4	PA	
<i>phenobarbital sodium</i> 130mg/ml	4	PA	
<i>phenytek</i>	3		
<i>phenytoin</i> CHEW; SUSP	2		
<i>phenytoin inj</i> 50mg/ml	2		
<i>phenytoin sodium extended</i>	2		
POTIGA 50mg	4		
POTIGA 200mg	4		QL (180 tabs / 30 days)
POTIGA 300mg, 400mg	4		QL (90 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>primidone</i> TABS	2	
QUDEXY XR	4	
SABRIL PACK	5	QL (180 packets / 30 days), NM, LA, PA
SABRIL TABS	5	QL (180 tabs / 30 days), NM, LA, PA
TEGRETOL	4	
TEGRETOL-XR	4	
<i>tiagabine hcl</i>	2	
TOPAMAX 25mg, 50mg	4	
TOPAMAX 100mg, 200mg	5	
TOPAMAX SPRINKLE 15mg	4	
TOPAMAX SPRINKLE 25mg	5	
<i>topiramate</i> CPSP; TABS	2	
TRANXENE T 3.75mg, 7.5mg	4	QL (120 tabs / 30 days), PA
TRANXENE T 15mg	4	QL (180 tabs / 30 days), PA
TRILEPTAL	4	
TRILEPTAL SUSP	4	
TROKENDI XR	4	
VALIUM	4	QL (120 tabs / 30 days), PA
<i>valproate sodium</i> SOLN; SYRP	2	
<i>valproic acid</i> CAPS	2	
VIMPAT	4	
ZARONTIN CAPS	4	
<i>zarontin</i> SOLN	4	
ZONEGRAN	4	
<i>zonisamide</i>	2	
<b>ANTIDEMENTIA</b>		
ARICEPT	4	
ARICEPT ODT	4	
<i>donepezil odt 5mg</i>	2	
<i>donepezil odt 10mg</i>	2	
<i>donepezil tab hcl 23mg</i>	2	
<i>donepezil tabs 5mg</i>	2	
<i>donepezil tabs 10mg</i>	2	
EXELON	4	
EXELON PATCHES	4	
<i>galantamine hydrobromide</i>	2	
NAMENDA SOL 10MG/5ML	3	PA; PA if <30 yr

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NAMENDA XR	4	PA; PA if <30 yr
NAMENDA XR TITRATION PACK	4	PA; PA if <30 yr
RAZADYNE	4	
RAZADYNE ER	4	
<i>rivastigmine tartrate</i>	2	
<b>ANTIDEPRESSANTS</b>		
<i>amitriptyline hcl TABS</i>	4	PA
<i>amoxapine</i>	2	
ANAFRANIL	4	PA
APLENZIN 174mg, 348mg	4	
APLENZIN 522mg	5	
BRINTELLIX	4	
<i>bupropion hcl TABS; TB12; TB24</i>	2	
CELEXA	4	
<i>citalopram hydrobromide SOLN</i>	2	
<i>citalopram hydrobromide TABS</i>	1	
<i>clomipramine hcl CAPS</i>	4	PA
CYMBALTA	4	
<i>desipramine hcl TABS</i>	2	
<i>doxepin hcl CAPS; CONC</i>	4	PA
<i>duloxetine hcl CPEP</i>	2	
EFFEXOR XR	4	
EMSAM	5	PA
<i>escitalopram oxalate</i>	2	
FETZIMA	4	
FETZIMA TITRATION PACK	4	
<i>fluoxetine hcl CAPS</i>	1	
<i>fluoxetine hcl CPDR</i>	2	
<i>fluoxetine hcl SOLN</i>	2	
<i>fluoxetine hcl TABS 10mg, 20mg</i>	1	
FLUOXETINE HCL TABS 60mg	4	
FORFIVO XL	4	QL (30 tabs / 30 days)
<i>imipramine hcl TABS</i>	4	PA
<i>imipramine pamoate</i>	4	PA
LEXAPRO	4	
<i>maprotiline hcl</i>	2	
MARPLAN	4	
<i>mirtazapine TABS 7.5mg</i>	2	
<i>mirtazapine TABS 15mg, 30mg, 45mg</i>	1	
<i>mirtazapine TBDP</i>	2	
NARDIL	4	
<i>nefazodone hcl</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NORPRAMIN	4	
<i>nortriptyline hcl</i> CAPS	1	
<i>nortriptyline hcl</i> SOLN	2	
PAMELOR	5	
PARNATE	5	
<i>paroxetine er tab</i>	2	
<i>paroxetine hcl</i>	1	
PAXIL	4	
PAXIL CR	4	
PEXEVA	4	
<i>phenelzine sulfate</i> TABS	2	
PRISTIQ	3	
<i>protriptyline hcl</i>	2	
PROZAC	4	
PROZAC WEEKLY	4	
REMERON	4	
REMERON SOLTAB	4	
<i>sertraline hcl</i> CONC	2	
<i>sertraline hcl</i> TABS	1	
SURMONTIL	4	PA
<i>tofranil</i>	4	PA
TOFRANIL-PM	4	PA
<i>tranylcypromine sulfate</i>	2	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trazodone hcl</i> TABS 300mg	2	
<i>venlafaxine cap er</i>	2	
<i>venlafaxine hcl</i>	2	
VENLAFAKINE HCL ER TAB (VERT)	4	
<i>venlafaxine tab</i>	2	
VENLAFAKINE TAB 225MG ER	2	
<i>venlafaxine tab er</i>	2	
VIIBRYD	4	
<i>vivactil</i>	4	
WELLBUTRIN	4	
WELLBUTRIN SR	4	
WELLBUTRIN XL	4	
ZOLOFT	4	
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl</i> CAPS; SYRP; TABS	2	
APOKYN	5	NM, LA, PA
AZILECT	3	

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>benztropine mesylate</i>	SOLN	2	
<i>benztropine mesylate</i>	TABS	4	PA
<i>bromocriptine mesylate</i>	CAPS; TABS	2	
<i>carbidopa</i>	TABS	2	
<i>carbidopa-levodopa</i>		2	
CARBIDOPA/LEVODOPA/ENTACAPONE		2	
COGENTIN		4	
COMTAN		4	
ELDEPRYL		4	
<i>entacapone</i>		2	
LODOSYN		4	
MIRAPEX		4	
MIRAPEX ER		4	
NEUPRO		4	
<i>parcopa</i>		4	
<i>pramipexole dihydrochloride</i>		2	
REQUIP		4	
REQUIP XL		4	
<i>ropinirole hydrochloride</i>		2	
<i>selegiline hcl</i>	CAPS; TABS	2	
SINEMET		4	
SINEMET CR		4	
STALEVO		4	
ZELAPAR		4	

#### **ANTIPSYCHOTICS**

ABILIFY	SOLN 1mg/ml	5	QL (900 mL / 30 days)
ABILIFY	SOLN 9.75mg/1.3ml	4	QL (4 mL / 1 day)
ABILIFY	TABS	5	QL (30 tabs / 30 days)
ABILIFY DISCMELT		5	QL (60 tabs / 30 days)
ABILIFY MAIN INJ 300MG		5	QL (1 vial / 28 days)
ABILIFY MAIN INJ 400MG		5	QL (1 vial / 28 days)
<i>chlorpromaz inj 25mg/ml</i>		4	
<i>chlorpromazine hcl</i>	TABS	2	
<i>clozapine</i>	25mg, 50mg	2	
<i>clozapine</i>	100mg	2	QL (270 tabs / 30 days)
<i>clozapine</i>	200mg	2	QL (135 tabs / 30 days)
CLOZAPINE ODT	12.5mg, 25mg	2	PA
CLOZAPINE ODT	100mg	2	QL (270 tabs / 30 days), PA
CLOZARIL	25mg	4	
CLOZARIL	100mg	5	QL (270 tabs / 30 days)
FANAPT		4	QL (60 tabs / 30 days), ST

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FANAPT TITRATION PACK	4	ST
FAZACLO 12.5mg, 25mg	4	PA
FAZACLO 100mg	4	QL (270 tabs / 30 days), PA
FAZACLO 150mg	4	QL (180 tabs / 30 days), PA
FAZACLO 200mg	4	QL (135 tabs / 30 days), PA
<i>fluphenazine decanoate</i> SOLN	2	
<i>fluphenazine hcl</i>	2	
GEODON 20mg, 40mg	4	QL (60 caps / 30 days)
GEODON 60mg, 80mg	5	QL (90 caps / 30 days)
GEODON INJ	4	QL (6 mL / 3 days)
HALDOL	4	
HALDOL DECANOATE 50	4	
HALDOL DECANOATE 100	4	
<i>haloperidol</i> TABS	2	
<i>haloperidol decanoate</i> SOLN	2	
<i>haloperidol lactate</i>	2	
INVEGA 1.5mg, 3mg, 9mg	5	QL (30 tabs / 30 days)
INVEGA 6mg	5	QL (60 tabs / 30 days)
INVEGA SUST INJ 39 MG/0.25 ML	4	QL (1 injection / 28 days)
INVEGA SUST INJ 78 MG/0.5 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 117 MG/0.75 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 234 MG/1.5 ML	5	QL (1 injection / 28 days)
LATUDA 20mg	5	QL (240 tabs / 30 days)
LATUDA 40mg, 120mg	5	QL (30 tabs / 30 days)
LATUDA 60mg, 80mg	5	QL (60 tabs / 30 days)
<i>loxpipine succinate</i>	2	
<i>olanzapine</i> SOLR	2	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 7.5mg	2	QL (30 tabs / 30 days)
<i>olanzapine</i> TABS 10mg, 15mg, 20mg	2	QL (60 tabs / 30 days)
<i>olanzapine odt</i> 5mg	2	QL (30 tabs / 30 days)
<i>olanzapine odt</i> 10mg, 15mg	2	QL (60 tabs / 30 days)
<i>olanzapine odt</i> 20mg	5	QL (60 tabs / 30 days)
ORAP	4	
<i>perphenazine</i> TABS	2	
<i>quetiapine fumarate</i>	2	QL (90 tabs / 30 days)
RISPERDAL SOLN	4	QL (240 mL / 30 days)
RISPERDAL TABS 1mg, 2mg, 3mg	4	QL (60 tabs / 30 days)
RISPERDAL TABS 4mg	4	QL (120 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RISPERDAL TABS .25mg, .5mg	4	QL (90 tabs / 30 days)
RISPERDAL INJ 12.5MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	5	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	5	QL (2 injections / 28 days)
RISPERDAL M-TAB 1mg	4	QL (60 tabs / 30 days)
RISPERDAL M-TAB 2mg, 3mg	5	QL (60 tabs / 30 days)
RISPERDAL M-TAB 4mg	5	QL (120 tabs / 30 days)
RISPERDAL M-TAB .5mg	4	QL (90 tabs / 30 days)
<i>risperidone</i> SOLN	2	QL (240 mL / 30 days)
<i>risperidone</i> TABS 1mg, 2mg, 3mg	2	QL (60 tabs / 30 days)
<i>risperidone</i> TABS 4mg	2	QL (120 tabs / 30 days)
<i>risperidone</i> TABS .25mg, .5mg	2	QL (90 tabs / 30 days)
<i>risperidone odt</i> 1mg, 2mg, 3mg	2	QL (60 tabs / 30 days)
<i>risperidone odt</i> 4mg	2	QL (120 tabs / 30 days)
<i>risperidone odt</i> .25mg, .5mg	2	QL (90 tabs / 30 days)
SAPHRIS 5mg	4	QL (120 tabs / 30 days)
SAPHRIS 10mg	4	QL (60 tabs / 30 days)
SEROQUEL	4	QL (90 tabs / 30 days)
SEROQUEL XR 50mg	4	QL (120 tabs / 30 days)
SEROQUEL XR 150mg, 200mg	4	QL (30 tabs / 30 days)
SEROQUEL XR 300mg, 400mg	4	QL (60 tabs / 30 days)
<i>thioridazine hcl</i> TABS	4	PA
<i>thiothixene</i>	2	
<i>trifluoperazine hcl</i>	2	
VERSACLOZ	5	QL (600 mL / 30 days), PA
<i>ziprasidone hcl</i> 20mg, 40mg	2	QL (60 caps / 30 days)
<i>ziprasidone hcl</i> 60mg, 80mg	2	QL (90 caps / 30 days)
ZYPREXA SOLR	4	QL (3 vials / 1 day)
ZYPREXA TABS 2.5mg, 5mg, 7.5mg	4	QL (30 tabs / 30 days)
ZYPREXA TABS 10mg	4	QL (60 tabs / 30 days)
ZYPREXA TABS 15mg, 20mg	5	QL (60 tabs / 30 days)
ZYPREXA ZYDI TAB 10MG	4	QL (60 tabs / 30 days)
ZYPREXA ZYDIS 5mg	4	QL (30 tabs / 30 days)
ZYPREXA ZYDIS 15mg, 20mg	5	QL (60 tabs / 30 days)

#### **ATTENTION DEFICIT HYPERACTIVITY DISORDER**

<i>adderall tab</i> 10mg	4	QL (180 tabs / 30 days)
<i>adderall tab</i> 12.5mg	4	QL (144 tabs / 30 days)
<i>adderall tab</i> 15mg	4	QL (120 tabs / 30 days)
<i>adderall tab</i> 20mg	4	QL (90 tabs / 30 days)
<i>adderall tab</i> 30mg	4	QL (60 tabs / 30 days)
ADDERALL XR CAP 5MG	4	QL (90 caps / 30 days)

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
ADDERALL XR CAP 10MG	4	QL (90 caps / 30 days)	
ADDERALL XR CAP 15MG	4	QL (30 caps / 30 days)	
ADDERALL XR CAP 20MG	4	QL (30 caps / 30 days)	
ADDERALL XR CAP 25MG	4	QL (30 caps / 30 days)	
ADDERALL XR CAP 30MG	4	QL (30 caps / 30 days)	
<i>amphetamine cap 10mg er</i>	2	QL (90 caps / 30 days)	
<i>amphetamine cap 15mg er</i>	2	QL (30 caps / 30 days)	
<i>amphetamine cap 20mg er</i>	2	QL (30 caps / 30 days)	
<i>amphetamine cap 25mg er</i>	2	QL (30 caps / 30 days)	
<i>amphetamine cap 30mg er</i>	2	QL (30 caps / 30 days)	
<i>amphetamine-dextroamphetamine cap 2 sr 24hr 5 mg</i>		QL (90 caps / 30 days)	
<i>amphetamine-dextroamphetamine tab 2 5 mg</i>		QL (360 tabs / 30 days)	
<i>amphetamine-dextroamphetamine tab 2 7.5 mg</i>		QL (240 tabs / 30 days)	
<i>amphetamine-dextroamphetamine tab 2 10 mg</i>		QL (180 tabs / 30 days)	
<i>amphetamine-dextroamphetamine tab 2 12.5 mg</i>		QL (144 tabs / 30 days)	
<i>amphetamine-dextroamphetamine tab 2 15 mg</i>		QL (120 tabs / 30 days)	
<i>amphetamine-dextroamphetamine tab 2 20 mg</i>		QL (90 tabs / 30 days)	
<i>amphetamine-dextroamphetamine tab 2 30 mg</i>		QL (60 tabs / 30 days)	
CONCERTA 18mg, 27mg, 36mg	4	QL (60 tabs / 30 days)	
CONCERTA 54mg	4	QL (30 tabs / 30 days)	
DAYTRANA	4	QL (30 patches / 30 days)	
INTUNIV	4		
<i>metadate</i>	2	QL (90 tabs / 30 days)	
METADATE CD 10mg, 20mg, 30mg	4	QL (60 caps / 30 days)	
METADATE CD 40mg, 50mg, 60mg	4	QL (30 caps / 30 days)	
METHYLIN 5mg/5ml	4	QL (1800 mL / 30 days)	
METHYLIN 10mg/5ml	4	QL (900 mL / 30 days)	
METHYLIN CHEW TAB	4	QL (180 tabs / 30 days)	
<i>methylphenidate hcl CP24 20mg, 30mg</i>	2	QL (60 caps / 30 days)	
<i>methylphenidate hcl CP24 40mg</i>	2	QL (30 caps / 30 days)	
<i>methylphenidate hcl CPCR 10mg, 20mg, 30mg</i>	2	QL (60 caps / 30 days)	
<i>methylphenidate hcl CPCR 40mg, 50mg, 60mg</i>	2	QL (30 caps / 30 days)	

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methylphenidate hcl</i>	SOLN 5mg/5ml	2	QL (1800 mL / 30 days)
<i>methylphenidate hcl</i>	SOLN 10mg/5ml	2	QL (900 mL / 30 days)
<i>methylphenidate hcl</i>	TABS 5mg, 10mg	2	QL (180 tabs / 30 days)
<i>methylphenidate hcl</i>	TABS 20mg	2	QL (90 tabs / 30 days)
<i>methylphenidate hcl</i>	TBCR 10mg, 20mg	2	QL (90 tabs / 30 days)
<i>methylphenidate hcl</i>	TBCR 18mg	2	QL (60 tabs / 30 days)
<i>methylphenidate hcl er</i>	27mg, 36mg	2	QL (60 tabs / 30 days)
<i>methylphenidate hcl er</i>	54mg	2	QL (30 tabs / 30 days)
QUILLIVANT XR		4	QL (360 mL / 30 days)
RITALIN 5mg, 10mg		4	QL (180 tabs / 30 days)
RITALIN 20mg		4	QL (90 tabs / 30 days)
RITALIN LA 10mg, 20mg, 30mg		4	QL (60 caps / 30 days)
RITALIN LA 40mg		4	QL (30 caps / 30 days)
RITALIN SR		4	QL (90 tabs / 30 days)
STRATTERA 10mg, 18mg, 25mg		4	QL (120 caps / 30 days)
STRATTERA 40mg		4	QL (60 caps / 30 days)
STRATTERA 60mg, 80mg, 100mg		4	QL (30 caps / 30 days)
VYVANSE 20mg, 30mg		4	QL (60 caps / 30 days)
VYVANSE 40mg, 50mg, 60mg, 70mg		4	QL (30 caps / 30 days)
<b>HYPNOTICS</b>			
AMBIEN		4	QL (30 tabs / 30 days), PA; 90 day limit if >64 yr
RESTORIL 7.5mg		4	QL (30 caps / 30 days), PA; 90 day limit if >64 yr
RESTORIL 15mg		4	QL (60 caps / 30 days), PA; 90 day limit if >64 yr
ROZEREM		4	QL (30 tabs / 30 days)
SILENOR 3mg		3	QL (60 tabs / 30 days)
SILENOR 6mg		3	QL (30 tabs / 30 days)
temazepam 7.5mg		2	QL (30 caps / 30 days), PA; 90 day limit if >64 yr
temazepam 15mg		2	QL (60 caps / 30 days), PA; 90 day limit if >64 yr
zolpidem tartrate TABS		4	QL (30 tabs / 30 days), PA; 90 day limit if >64 yr
<b>MIGRAINE</b>			
ALSUMA		4	QL (6 mL / 30 days)
AMERGE		4	QL (9 tabs / 30 days)
AXERT		4	QL (12 tabs / 30 days)
<i>cafergot tab 1-100mg</i>		4	
D.H.E. 45		5	
dihydroergotamine mesylate 1mg/ml		2	

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
DIHYDROERGOTAMINE MESYLATE 4mg/ml		2	QL (8 mL / 30 days)
<i>ergomar</i>		4	
FROVA TAB 2.5MG		4	QL (18 tabs / 30 days)
IMITREX SOLN 5mg/act		4	QL (24 inhalers / 30 days)
IMITREX SOLN 20mg/act		4	QL (12 inhalers / 30 days)
IMITREX TABS		4	QL (9 tabs / 30 days)
IMITREX INJ 6MG/0.5		4	QL (6 mL / 30 days)
IMITREX STATDOSE REFILL 4mg/0.5ml		4	QL (6 mL / 30 days)
IMITREX STATDOSE REFILL 6mg/0.5ml		5	QL (6 mL / 30 days)
IMITREX STATDOSE SYSTEM 4mg/0.5ml		4	QL (6 mL / 30 days)
IMITREX STATDOSE SYSTEM 6mg/0.5ml		5	QL (6 mL / 30 days)
MAXALT		4	QL (18 tabs / 30 days)
MAXALT-MLT		4	QL (18 tabs / 30 days)
<i>migergot</i>		2	
MIGRANAL		5	QL (8 mL / 30 days)
<i>naratriptan hcl</i>		2	QL (9 tabs / 30 days)
RELPAX		3	QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i>		2	QL (18 tabs / 30 days)
SUMATRIPTAN SUCCINATE SOAJ		2	QL (6 mL / 30 days)
SUMATRIPTAN SUCCINATE SOCT		2	QL (6 mL / 30 days)
SUMATRIPTAN SUCCINATE SOLN 5mg/act		2	QL (24 inhalers / 30 days)
SUMATRIPTAN SUCCINATE SOLN 20mg/act		2	QL (12 inhalers / 30 days)
<i>sumatriptan succinate</i> SOSY		2	QL (6 mL / 30 days)
<i>sumatriptan succinate</i> TABS		2	QL (9 tabs / 30 days)
<i>sumatriptan succinate inj</i> SOAJ; SOLN2			QL (6 mL / 30 days)
SUMATRIPTAN SUCCINATE INJ SOCT	2		QL (6 mL / 30 days)
SUMAVEL DOSEPRO		5	QL (6 mL / 30 days)
TREXIMET		4	QL (9 tabs / 30 days)
<i>zolmitriptan</i> TABS		2	QL (12 tabs / 30 days)
<i>zolmitriptan</i> odt		2	QL (12 tabs / 30 days)
ZOMIG		4	QL (12 tabs / 30 days)
ZOMIG NASAL SPRAY		4	QL (2 boxes / 30 days)
ZOMIG ZMT		4	QL (12 tabs / 30 days)
<b>MISCELLANEOUS</b>			
BRISDELLE		4	
EQUETRO		4	

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
GRALISE 300mg	3		QL (180 tabs / 30 days)
GRALISE 600mg	3		QL (90 tabs / 30 days)
GRALISE STARTER	3		
HORIZANT	4		
<i>lithium carbonate</i> CAPS; TABS	1		
<i>lithium carbonate</i> TBCR	2		
LITHIUM CITRATE	3		
LITHOBID	4		
MESTINON	4		
MESTINON SYRUP	4		
MESTINON TIMESPAN	4		
NUEDEXTA	3	PA	
<i>pyridostigmine bromide</i> TABS	2		
RILUTEK	5		
<i>riluzole</i>	2		
SAVELLA 12.5mg	4		QL (480 tabs / 30 days)
SAVELLA 25mg	4		QL (240 tabs / 30 days)
SAVELLA 50mg	4		QL (120 tabs / 30 days)
SAVELLA 100mg	4		QL (60 tabs / 30 days)
SAVELLA TITRATION PACK	4		
XENAZINE 12.5mg	5		QL (240 tabs / 30 days), NM, LA, PA
XENAZINE 25mg	5		QL (120 tabs / 30 days), NM, LA, PA

#### **MULTIPLE SCLEROSIS AGENTS**

AMPYRA	5	NM, LA, PA
AUBAGIO	5	QL (30 tabs / 30 days), NM, PA
AVONEX	5	QL (4 boxes / 28 days), NM, PA
AVONEX PEN	5	QL (4 boxes / 28 days), NM, PA
BETASERON	5	QL (14 syringes / 28 days), NM, PA
COPAXONE INJ 40MG/ML	5	QL (12 syringes / 28 days), NM, PA
COPAXONE KIT 20MG/ML	5	QL (1 kit / 30 days), NM, PA
EXTAVIA	5	QL (15 syringes / 30 days), NM, PA
GILENYA CAP 0.5MG	5	QL (28 caps / 28 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
REBIF	5	QL (6 mL / 28 days), NM, PA
REBIF TITRATION PACK	5	QL (6 mL / 30 days), NM, PA
TECFIDERA CAP 120MG	5	QL (14 caps / 7 days), NM, PA
TECFIDERA CAP 240MG	5	QL (60 caps / 30 days), NM, PA
TECFIDERA MIS STARTER	5	NM, PA
TYSABRI	5	NM, LA, PA

#### **MUSCULOSKELETAL THERAPY AGENTS**

<i>baclofen</i> TABS	1	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	4	PA
DANTRIUM	4	
<i>dantrolene sodium</i> CAPS	2	
<i>tizanidine</i>	2	
ZANAFLEX	4	

#### **NARCOLEPSY/CATAPLEXY**

<i>modafinil</i> 100mg	2	QL (30 tabs / 30 days), PA
<i>modafinil</i> 200mg	5	QL (60 tabs / 30 days), PA
NUVIGIL 50mg	4	QL (150 tabs / 30 days), PA
NUVIGIL 150mg	4	QL (60 tabs / 30 days), PA
NUVIGIL 200mg, 250mg	4	QL (30 tabs / 30 days), PA
PROVIGIL 100mg	5	QL (30 tabs / 30 days), PA
PROVIGIL 200mg	5	QL (60 tabs / 30 days), PA
XYREM	5	QL (540 mL / 30 days), LA, PA

#### **PSYCHOTHERAPEUTIC-MISC**

<i>acamprosate calcium</i>	2	
<i>antabuse</i>	4	
<i>buprenorphine hcl</i> SUBL	2	PA
<i>buprenorphine hcl-naloxone hcl sl</i>	2	QL (120 tabs / 30 days), PA
<i>buproban</i>	2	
CAMPRAL	4	
CHANTIX	4	PA
CHANTIX STARTER PACK	4	PA
<i>disulfiram</i> TABS	2	
<i>naloxone hcl</i> SOLN	2	
<i>naltrexone hcl</i> TABS	2	
NICOTROL INHALER	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NICOTROL NS	4	
<i>revia</i>	4	
SARAFEM	4	
SUBOXONE MIS 2-0.5MG	4	QL (4 boxes / 30 days), PA
SUBOXONE MIS 4-1MG	4	QL (4 boxes / 30 days), PA
SUBOXONE MIS 8-2MG	4	QL (4 boxes / 30 days), PA
SUBOXONE MIS 12-3MG	4	QL (2 boxes / 30 days), PA
VIVITROL	5	NM
ZUBSOLV	4	QL (120 tabs / 30 days), PA
ZYBAN	4	

## **ENDOCRINE AND METABOLIC**

### **ANDROGENS**

ANDRODERM	4	QL (30 patches / 30 days), PA
ANDROGEL 1%	4	QL (300 grams / 30 days), PA
ANDROGEL 1.62%	4	QL (150 grams / 30 days), PA
ANDROGEL GEL PUMP 1%	4	QL (300 grams / 30 days), PA
<i>androxy</i>	4	PA
AXIRON	4	QL (440 mL / 30 days), PA
<i>depo-testosterone</i>	4	GC
FORTESTA	4	QL (120 grams / 30 days), PA
<i>oxandrolone TABS</i>	2	PA
STRIANT	4	QL (1 kit / 30 days), PA
TESTIM	3	QL (300 grams / 30 days), PA
<i>testosterone cypionate OIL</i>	2	
<i>testosterone enanthate OIL</i>	2	
VOGELXO	4	QL (300 grams / 30 days), PA

### **ANTIDIABETICS, INJECTABLE**

ALCOHOL SWABS	3	
APIDRA	4	
APIDRA SOLOSTAR	4	
BYDUREON SUSR	4	QL (4 vials / 30 days), PA
BYETTA	4	
GAUZE PADS 2X2	3	
HUMALOG	4	
HUMALOG KWIKPEN	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMALOG MIX 50/50	4	
HUMALOG MIX 50/50 KWIKPEN	4	
HUMALOG MIX 75/25	4	
HUMALOG MIX 75/25 KWIKPEN	4	
HUMULIN 70/30	4	
HUMULIN 70/30 PEN	4	
HUMULIN N	4	
HUMULIN N U-100 PEN	4	
HUMULIN R	4	
HUMULIN R U-500 (CONCENTRATE)	5	B/D
INSULIN PEN NEEDLES	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXPEN	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 RELION	4	
NOVOLIN N	3	
NOVOLIN N RELION	4	
NOVOLIN R	3	
NOVOLIN R RELION	4	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILL	3	
NOVOLOG PENFILL	3	
SYMLINPEN 60	4	PA
SYMLINPEN 120	4	PA
VICTOZA	3	QL (3 pens / 30 days)

#### ***ANTIDIABETICS, ORAL***

acarbose	2	
ACTOPLUS MET TAB 15-500MG	4	QL (90 tabs / 30 days)
ACTOPLUS MET TAB 15-850MG	4	QL (90 tabs / 30 days)
ACTOPLUS MET XR 15-1000MG	4	QL (60 tabs / 30 days)
ACTOPLUS MET XR 30-1000MG	4	QL (30 tabs / 30 days)
ACTOS	4	QL (30 tabs / 30 days)
AMARYL 1mg	4	QL (240 tabs / 30 days)
AMARYL 2mg	4	QL (120 tabs / 30 days)
AMARYL 4mg	4	QL (60 tabs / 30 days)
DUETACT	4	QL (30 tabs / 30 days)

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
FARXIGA 5mg		4	QL (60 tabs / 30 days)
FARXIGA 10mg		4	QL (30 tabs / 30 days)
FORTAMET 500mg		4	QL (150 tabs / 30 days)
FORTAMET 1000mg		4	QL (75 tabs / 30 days)
<i>glimepiride</i> 1mg		1	QL (240 tabs / 30 days)
<i>glimepiride</i> 2mg		1	QL (120 tabs / 30 days)
<i>glimepiride</i> 4mg		1	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg		1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg		1	QL (120 tabs / 30 days)
<i>glipizide er</i> 2.5mg		1	QL (240 tabs / 30 days)
<i>glipizide er</i> 5mg		1	QL (120 tabs / 30 days)
<i>glipizide er</i> 10mg		1	QL (60 tabs / 30 days)
<i>glipizide-metformin</i> 2.5-250 mg		1	QL (240 tabs / 30 days)
<i>glipizide-metformin</i> 2.5-500 mg		1	QL (120 tabs / 30 days)
<i>glipizide-metformin</i> 5-500mg		1	QL (120 tabs / 30 days)
GLUCOPHAGE 500mg		4	QL (150 tabs / 30 days)
GLUCOPHAGE 850mg		4	QL (90 tabs / 30 days)
GLUCOPHAGE 1000mg		4	QL (75 tabs / 30 days)
GLUCOPHAGE XR 500mg		4	QL (120 tabs / 30 days)
GLUCOPHAGE XR 750mg		4	QL (60 tabs / 30 days)
GLUCOTROL 5mg		4	QL (240 tabs / 30 days)
GLUCOTROL 10mg		4	QL (120 tabs / 30 days)
GLUCOTROL XL 2.5mg		4	QL (240 tabs / 30 days)
GLUCOTROL XL 5mg		4	QL (120 tabs / 30 days)
GLUCOTROL XL 10mg		4	QL (60 tabs / 30 days)
GLUMETZA 500mg		4	QL (120 tabs / 30 days)
GLUMETZA 1000mg		4	QL (60 tabs / 30 days)
GLYSET		4	
INVOKANA TAB 100MG		3	QL (90 tabs / 30 days)
INVOKANA TAB 300MG		3	QL (30 tabs / 30 days)
JANUMET		3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG		3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000		3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000		3	QL (30 tabs / 30 days)
JANUVIA		3	QL (30 tabs / 30 days)
JENTADUETO		3	QL (60 tabs / 30 days)
KAZANO		4	QL (60 tabs / 30 days)
KOMBIGLYZE XR 2.5-1000MG		4	QL (60 tabs / 30 days)
KOMBIGLYZE XR 5-500MG		4	QL (30 tabs / 30 days)
KOMBIGLYZE XR 5-1000MG		4	QL (30 tabs / 30 days)
<i>metformin er</i> 500mg		1	QL (120 tabs / 30 days)
<i>metformin er</i> 750mg		1	QL (60 tabs / 30 days)

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metformin hcl</i> TABS 500mg		1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg		1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg		1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg		1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TB24 1000mg		1	QL (75 tabs / 30 days)
<i>nateglinide</i>		1	QL (90 tabs / 30 days)
NESINA 6.25mg		4	QL (120 tabs / 30 days)
NESINA 12.5mg		4	QL (60 tabs / 30 days)
NESINA 25mg		4	QL (30 tabs / 30 days)
ONGLYZA		4	QL (30 tabs / 30 days)
OSENI TAB 12.5-15MG		4	QL (60 tabs / 30 days)
OSENI TAB 12.5-30MG		4	QL (30 tabs / 30 days)
OSENI TAB 12.5-45MG		4	QL (30 tabs / 30 days)
OSENI TAB 25-15MG		4	QL (30 tabs / 30 days)
OSENI TAB 25-30MG		4	QL (30 tabs / 30 days)
OSENI TAB 25-45MG		4	QL (30 tabs / 30 days)
<i>pioglitazone hcl</i>		1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-glimepiride</i>		1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl</i>		1	QL (90 tabs / 30 days)
PRANDIMET		4	QL (150 tabs / 30 days)
PRANDIN 2mg		4	QL (240 tabs / 30 days)
PRANDIN .5mg, 1mg		4	QL (120 tabs / 30 days)
PRECOSE		4	
<i>repaglinide</i> 2mg		1	QL (240 tabs / 30 days)
<i>repaglinide</i> .5mg, 1mg		1	QL (120 tabs / 30 days)
RIOMET		4	QL (946 mL / 30 days)
STARLIX		4	QL (90 tabs / 30 days)
TRADJENTA		3	QL (30 tabs / 30 days)

### **BISPHOSPHONATES**

ACTONEL		4	
<i>alendronate sodium</i> SOLN	2		QL (300 mL / 28 days)
<i>alendronate sodium</i> TABS 5mg, 10mg, 1 35mg, 70mg			
<i>alendronate sodium</i> TABS 40mg	2		
ATELVIA		4	
BINOSTO		4	
BONIVA SOLN	4		B/D, QL (1 syringe / 90 days)
BONIVA TABS	4		B/D
FOSAMAX		4	
FOSAMAX PLUS D		4	
<i>ibandronate sodium</i> SOLN	2		B/D, QL (1 vial / 90 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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<i>ibandronate sodium</i> TABS	2	B/D
<i>pamidronate disodium</i> SOLN	2	B/D
<i>risedronate sodium</i>	2	
<i>zoledronic inj 4mg/5ml</i>	5	B/D, NM
<i>zoledronic inj 5/100ml</i>	2	B/D
ZOMETA	5	B/D, NM

**CALCIUM RECEPTOR AGONISTS**

SENSIPAR 30mg	3	NM
SENSIPAR 60mg, 90mg	5	NM

**CHELATING AGENTS**

CHEMET	4	
DEPEN TITRATABS	5	
EXJADE	5	NM, LA, PA
FERRIPROX	5	NM, PA
<i>kionex</i>	2	
<i>sodium polystyrene sulfonate</i>	2	
SYPRINE	5	

**CONTRACEPTIVES**

<i>altavera</i>	2	
<i>amethia 91 day</i>	2	
<i>amethyst 28 day</i>	2	
<i>apri 28 day</i>	2	
<i>aranelle 28</i>	2	
<i>aviane 28</i>	2	
<i>balziva 28 day</i>	2	
BEYAZ	4	
BREVICON-28	4	
<i>briellyn 28 day</i>	2	
<i>camila 28 day</i>	2	
CAMRESE LO TAB	2	
<i>cryselle 28</i>	2	
<i>cyclafem 1/35 28 day</i>	2	
<i>cyclafem 7/7/7 28 day</i>	2	
CYCLESSA	4	
DEPO-PROVERA CONTRACEPTIV	4	
DEPO-SUBQ PROVERA 104	4	
DESOGEN	4	
<i>drospirenone-ethinyl estradiol</i>	2	
ELLA	3	
<i>emoquette</i>	2	
<i>enpresse 28 day</i>	2	
<i>errin 28 day</i>	2	

**PA** - Prior Authorization

**QL** - Quantity Limits

**ST** - Step Therapy

**NM** - Not available at mail-order

**B/D** - Covered under Medicare B or D

**LA** - Limited Access

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ESTROSTEP FE	4	
FEMCON FE	4	
GENERESS FE	4	
GIANVI TAB 3-0.02MG	2	
<i>gildagia</i>	2	
<i>heather</i>	2	
<i>introvale 91 day</i>	2	
JOLIVETTE	2	
<i>junel 1.5/30 21 day</i>	2	
<i>junel 1/20 21 day</i>	2	
<i>junel fe 1.5/30 28 day</i>	2	
<i>junel fe 1/20 28 day</i>	2	
<i>kariva 28 day</i>	2	
<i>kelnor 1/35 28 day</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
LEENA TAB	2	
<i>lessina 28 day</i>	2	
<i>levonest 28 day</i>	2	
<i>levonorgestrel (emergency oc)</i>	2	
<i>levonorgestrel-ethynodiol estradiol (91-day)</i>	2	
<i>levora 0.15/30 28 day</i>	2	
LO LOESTRIN FE	4	
LO MINASTRIN FE	4	
<i>loestrin 1.5/30-21</i>	4	
<i>loestrin 1/20-21</i>	4	
<i>loestrin fe 1.5/30</i>	4	
<i>loestrin fe 1/20</i>	4	
<i>lomedia 24 fe</i>	2	
<i>loryna 28 day</i>	2	
LOSEASONIQUE	4	
<i>low-ogestrel 28 day</i>	2	
<i>lutera 28 day</i>	2	
<i>lyza</i>	2	
<i>marlissa 28 day</i>	2	
<i>medroxyprogesterone acetate (contraceptive)</i>	2	
<i>microgestin 1.5/30 21 day</i>	2	
<i>microgestin 1/20 21 day</i>	2	
<i>microgestin fe 1.5/30 28 day</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>microgestin fe 1/20 28 day</i>	2	
MINASTRIN 24 FE	4	
MODICON	4	
MONONESSA	2	
<i>my way</i>	2	
<i>myzilra</i>	2	
<i>necon 0.5/35 28 day</i>	2	
<i>necon 1/35 28 day</i>	2	
NECON 7/7/7	2	
<i>necon 10/11 28 day</i>	3	
NECON TAB 1/50-28	2	
<i>next choice tab 1.5mg</i>	2	
NOR-QD	4	
NORA-BE TAB	2	
<i>norethindrone (contraceptive)</i>	2	
<i>norgestimate-ethynodiol</i> <i>(triphasic)</i>	2	
NORINYL 1+35	4	
NORINYL 1+50	3	
<i>nortrel 0.5/35 28 day</i>	2	
<i>nortrel 1/35 21 day</i>	2	
<i>nortrel 1/35 28 day</i>	2	
<i>nortrel 7/7/7 28 day</i>	2	
NUVARING	4	
OCELLA TAB 3-0.03MG	2	
<i>ogestrel 28 day</i>	2	
<i>orsythia 28 day</i>	2	
ORTHO EVRA	4	
ORTHO MICRONOR	4	
ORTHO TRI-CYCLEN LO	4	
ORTHO-CEPT	4	
ORTHO-CYCLEN	4	
ORTHO-NOVUM 1/35	4	
ORTHO-NOVUM 7/7/7	4	
<i>ovcon 35 28 day</i>	4	
<i>philith</i>	2	
<i>pimtrea pack</i>	2	
<i>pirmella 1/35 28 day</i>	2	
<i>portia 28 day</i>	2	
<i>previfem 28 day</i>	2	
QUARTETTE	4	
<i>quasense 91 day</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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<i>reclipsen 28 day</i>	2	
SEASONIQUE	4	
SOLIA	2	
<i>sprintec 28 day</i>	2	
<i>sronyx 28 day</i>	2	
<i>syeda</i>	2	
<i>tri-legest 28 day</i>	2	
TRI-NORINYL 28	4	
<i>tri-previfem 28 day</i>	2	
<i>tri-sprintec 28 day</i>	2	
TRINESSA	2	
<i>trivora 28 day</i>	2	
<i>velivet 28 day</i>	2	
<i>vestura</i>	2	
<i>viorele</i>	2	
<i>vyfemia 28 day</i>	2	
<i>xulane dis 150-35</i>	2	
YASMIN 28	4	
YAZ	4	
<i>zarah</i>	2	
<i>zenchent fe 28 day</i>	2	
<i>zenchent tab</i>	2	
<i>zovia 1/35e 28 day</i>	2	
<i>zovia 1/50e 28 day</i>	2	

**ENDOMETRIOSIS**

<i>danazol CAPS</i>	2	
LUPANETA PACK	5	NM, PA
SYNAREL	5	

**ENZYME REPLACEMENTS**

ADAGEN	5	NM, LA, PA
ALDURAZYME	5	NM, LA, PA
CARBAGLU	5	NM, LA, PA
CARNITOR	4	B/D
CEREZYME	5	NM, PA
CYSTADANE	5	NM
CYSTAGON	4	NM, PA
ELAPRASE	5	NM, PA
ELELYSO	5	NM, PA
FABRAZYME	5	NM, PA
KUVAN	5	NM, PA
<i>levocarnitine (metabolic modifiers)</i>	2	B/D
LUMIZYME	5	NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MYOZYME	5	NM, PA
NAGLAZYME	5	NM, LA, PA
ORFADIN	5	NM, PA
PROSYSBI	5	NM, LA, PA
<i>sodium phenylbutyrate</i>	5	NM
VIMIZIM	5	NM, PA
VPRIV	5	NM, PA
ZAVESCA	5	NM, LA, PA
<b>ESTROGENS</b>		
ALORA	4	PA
CLIMARA .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	4	PA
CLIMARA .025mg/24hr, .05mg/24hr	4	PA
COMBIPATCH	4	PA
DELESTROGEN	4	
<i>depo-estradiol</i>	4	
estrace CREA	4	
estrace TABS	4	PA
estradiol PTWK; TABS	4	PA
ESTRADIOL VALERATE OIL 10mg/ml, 40mg/ml	2	
<i>estradiol valerate</i> OIL 20mg/ml	2	
ESTRING	4	
FEMRING	4	
MENOSTAR	4	PA
MINIVELLE	4	PA
PREMARIN CREAM	4	
PREMARIN INJ	4	
VAGIFEM	4	
VIVELLE-DOT	4	PA
<b>GLUCOCORTICOIDS</b>		
<i>a-hydrocort</i>	2	
CORTEF	4	
<i>cortisone acetate</i> TABS	2	
DEPO-MEDROL INJ 20MG/ML	4	B/D
DEPO-MEDROL INJ 40MG/ML	4	B/D
DEPO-MEDROL INJ 80MG/ML	4	B/D
<i>dexamethasone</i> CONC; ELIX; SOLN	2	
<i>dexamethasone</i> TABS	1	
<i>dexamethasone sodium phosphate</i>	2	
<i>dexpak taperpak 13 day</i>	4	
FLO-PRED SUS	4	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fludrocortisone acetate TABS</i>	2	
<i>hydrocortisone TABS</i>	2	
MEDROL PAK 4MG	4	B/D
MEDROL TAB 2MG	4	B/D
MEDROL TAB 4MG	4	B/D
MEDROL TAB 8MG	4	B/D
MEDROL TAB 16MG	4	B/D
MEDROL TAB 32MG	4	B/D
<i>methylpr ace inj 40mg/ml</i>	2	B/D
<i>methylpr ace inj 80mg/ml</i>	2	B/D
<i>methylpr ss inj 1gm</i>	2	B/D
<i>methylpr ss inj 40mg</i>	2	B/D
<i>methylpr ss inj 125mg</i>	2	B/D
<i>methylpr ss inj 500mg</i>	2	B/D
<i>methylpred pak 4mg</i>	2	B/D
<i>methylpred tab 4mg</i>	2	B/D
<i>methylpred tab 8mg</i>	2	B/D
<i>methylpred tab 16mg</i>	2	B/D
<i>methylpred tab 32mg</i>	2	B/D
<i>millipred</i>	4	B/D
<i>orapred</i>	4	B/D
ORAPRED ODT TAB 10MG	4	B/D
ORAPRED ODT TAB 15MG	4	B/D
ORAPRED ODT TAB 30MG	4	B/D
<i>pediapred sol 6.7/5ml</i>	4	B/D
<i>pred sod pho sol 5mg/5ml</i>	2	B/D
<i>prednisolone sol 15mg/5ml</i>	2	B/D
<i>prednisolone sol 25mg/5ml</i>	1	B/D
<i>prednisolone syrup 15 mg/5ml</i>	1	B/D
<i>prednisone con 5mg/ml</i>	3	B/D
<i>prednisone pak 5mg</i>	1	B/D
<i>prednisone pak 10mg</i>	1	B/D
<i>prednisone sol 5mg/5ml</i>	2	B/D
<i>prednisone tab 1mg</i>	1	B/D
<i>prednisone tab 2.5mg</i>	1	B/D
<i>prednisone tab 5mg</i>	1	B/D
<i>prednisone tab 10mg</i>	1	B/D
<i>prednisone tab 20mg</i>	1	B/D
<i>prednisone tab 50mg</i>	1	B/D
RAYOS TAB 1MG	5	B/D
RAYOS TAB 2MG	5	B/D
RAYOS TAB 5MG	5	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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SOLU-CORTEF 100MG	3	
SOLU-CORTEF 250MG	3	
SOLU-CORTEF 500MG	3	
SOLU-CORTEF 1000MG	3	
SOLU-MEDROL INJ 1GM	4	B/D
SOLU-MEDROL INJ 2GM	4	B/D
SOLU-MEDROL INJ 40MG	4	B/D
SOLU-MEDROL INJ 125MG	4	B/D
SOLU-MEDROL INJ 500MG	4	B/D
<i>veripred</i>	4	B/D

***GLUCOSE ELEVATING AGENTS***

GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM SUS 50MG/ML	4	

***HUMAN GROWTH HORMONES***

GENOTROPIN	5	NM, PA
GENOTROPIN MINIQUICK .2mg	4	NM, PA
GENOTROPIN MINIQUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM, PA
HUMATROPE	5	NM, PA
HUMATROPE COMBO PACK	5	NM, PA
NORDITROPIN FLEXPRO	5	NM, PA
NORDITROPIN NORDIFLEX PEN	5	NM, PA
NUTROPIN AQ INJ 20MG/2ML	5	NM, PA
NUTROPIN AQ NUSPIN 5	5	NM, PA
NUTROPIN AQ PEN	5	NM, PA
OMNITROPE 5.8MG	5	NM, PA
OMNITROPE 5MG	5	NM, PA
OMNITROPE 10MG	5	NM, PA
SAIZEN	5	NM, PA
SAIZEN CLICK.EASY	5	NM, PA
SEROSTIM	5	NM, PA
TEV-TROPIN	5	NM, PA
ZORBTIVE	5	NM, PA

***MISCELLANEOUS***

ACTHAR HP	5	NM, PA
<i>cabergoline</i>	2	
<i>calcitonin (salmon) nasal spray</i>	2	
CHORIONIC GONADOTROPIN SOLR	2	NM, PA
EGRIFTA	5	NM, PA
EVISTA	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FORTICAL SPR 200/ACT	3	
INCRELEX	5	NM, LA, PA
<i>methylergonovine maleate</i> TABS	2	
MIACALCIN INJ 200U/ML	4	B/D
MIACALCIN SPR 200/ACT	4	
NOVAREL INJ 1000OUNT	2	NM, PA
<i>octreotide acetate</i> 50mcg/ml, 100mcg/ml, 200mcg/ml	2	NM, PA
<i>octreotide acetate</i> 500mcg/ml, 1000mcg/ml	5	NM, PA
PREGNYL W/DILUENT BENZYL	2	NM, PA
PROLIA	4	NM
<i>raloxifene hcl</i>	2	
SAMSCA	5	NM, PA
SANDOSTATIN 50mcg/ml, 500mcg/ml	4	NM, PA
SANDOSTATIN 100mcg/ml, 200mcg/ml, 1000mcg/ml	5	NM, PA
SANDOSTATIN LAR DEPOT	5	NM, PA
SIGNIFOR	5	NM, PA
SOMATULINE DEPOT	5	NM, PA
SOMAVERT	5	NM, LA, PA
XGEVA	5	NM, PA
<b>PARATHYROID HORMONES</b>		
FORTEO	5	NM, PA
<b>PHOSPHATE BINDER AGENTS</b>		
<i>calcium acetate (phosphate binder)</i>	2	
<i>eliphos</i>	4	
FOSRENOL	5	
PHOSLO	4	
PHOSLYRA	3	
RENAGEL	4	
RENELA PAK	5	
RENELA TAB 800MG	3	
VELPHORO	5	
<b>PROGESTINS</b>		
<i>aygestin</i>	4	
CRINONE	4	
ENDOMETRIN	4	
<i>medroxyprogesterone acetate</i>	1	
<i>norethindrone acetate</i> TABS	2	
<i>progesterone micronized</i> CAPS	2	
PROMETRIUM 100mg	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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PROMETRIUM 200mg	4	
PROVERA	4	

**THYROID AGENTS**

CYTOMEL	4	
<i>levothyroxine sodium</i> TABS	1	
LEVOXYL	1	
<i>liothyronine sodium</i> SOLN; TABS	2	
<i>methimazole</i> TABS	1	
<i>propylthiouracil</i> TABS	2	
SYNTROID	4	
<i>tapazole</i>	4	
TIROSINT	4	
TRIOSTAT	4	
UNITHROID	1	

**VASOPRESSINS**

DDAVP SOLN 4mcg/ml	5	
DDAVP SOLN .01%	4	
DDAVP TABS	4	
DESMOPRESSIN ACETATE SOLN	2	
<i>desmopressin acetate</i> TABS	2	
<i>desmopressin acetate inj</i>	2	
<i>desmopressin acetate spray</i>	2	
<i>desmopressin acetate spray refrigerated</i>	2	
STIMATE	4	NM

**GASTROINTESTINAL**
**ANTIEMETICS**

ALOXI	5	
CESAMET	5	B/D, QL (60 caps / 30 days)
<i>compro supp</i>	2	
dronabinol 2.5mg, 5mg	2	B/D, QL (60 caps / 30 days)
dronabinol 10mg	5	B/D, QL (60 caps / 30 days)
EMEND CAP 40MG	4	PA
EMEND CAP 80MG	4	B/D
EMEND CAP 125MG	4	B/D
EMEND PAK 80 & 125	4	B/D
<i>gransetron hcl</i> SOLN	2	
<i>gransetron hcl</i> TABS	2	B/D
<i>granolisol</i>	4	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MARINOL 2.5mg	4	B/D, QL (60 caps / 30 days)
MARINOL 5mg, 10mg	5	B/D, QL (60 caps / 30 days)
<i>meclizine hcl</i> TABS	2	
<i>metoclopramide hcl</i> SOLN; TABS	1	
<i>metoclopramide hcl inj 5 mg/ml</i>	2	
METOZOLV ODT	4	
<i>ondansetron hcl</i> SOLN	2	
<i>ondansetron hcl</i> TABS	2	B/D
<i>ondansetron hcl inj</i>	2	
<i>ondansetron hcl inj 4 mg/2ml</i>	2	
<i>ondansetron hcl oral soln</i>	2	B/D
<i>ondansetron odt</i>	2	B/D
<i>phenergan inj</i>	4	PA
<i>prochlorperazine inj 5 mg/ml</i>	2	
<i>prochlorperazine maleate</i> TABS	1	
<i>prochlorperazine supp</i>	2	
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml	4	PA
REGLAN	4	
SANCUSO	5	QL (4 patches / 30 days)
TRANSDERM-SCOP	4	QL (10 patches / 30 days), PA
ZOFRAN SOLN 4mg/5ml	5	B/D
ZOFRAN SOLN 40mg/20ml	4	
ZOFRAN TABS	5	B/D
ZOFRAN ODT	5	B/D

#### **ANTISPASMODICS**

ATROPINE SULFATE SOLN .05mg/ml, .1mg/ml	2
BENTYL	4
CANTIL	4
CUVPOSA	4
<i>dicyclomine hcl</i> CAPS; TABS	1
<i>dicyclomine hcl</i> SOLN	2
<i>glycate</i>	4
<i>glycopyrrolate</i> SOLN; TABS	2
<i>methscopolamine bromide</i> TABS	2
PAMINE	4
PAMINE FORTE	4
ROBINUL	4

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ROBINUL FORTE	4	
<b>H2-RECEPTOR ANTAGONISTS</b>		
AXID SOLN	4	
cimetidine TABS	1	
cimetidine sol 300/5ml	2	
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	2	
famotidine SUSR	2	
famotidine TABS 20mg, 40mg	1	
nizatidine	2	
PEPCID SUSP	4	
PEPCID TAB	4	
ranitidine hcl CAPS	2	
ranitidine hcl SOLN	2	
ranitidine hcl SYRP	2	
ranitidine hcl TABS 150mg, 300mg	1	
ZANTAC	4	
<b>INFLAMMATORY BOWEL DISEASE</b>		
APRISO	3	
ASACOL HD	4	
AZULFIDINE	4	
AZULFIDINE EN-TABS	4	
balsalazide disodium	2	
budesonide CP24	5	
CANASA	4	
COLAZAL	4	
colocort	2	
CORTENEMA	4	
DELZICOL	4	
DIPENTUM	5	
ENTOCORT EC	5	
GIAZO	4	
HYDROCORTISONE (INTRARECTAL)	2	
LIALDA	4	
mesalamine enema	2	
PENTASA	4	
ROWASA	4	
SF-ROWASA	4	
sulfasalazine dr	2	
sulfasalazine ir	2	
UCERIS	5	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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**LAXATIVES**

COLYTE-FLAVOR PACKS	4	
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-g</i>	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-n</i>	2	
<i>generlac</i>	2	
GOLYTELY	3	
<i>kristalose</i>	3	
<i>lactulose</i>	2	
<i>lactulose (encephalopathy)</i>	2	
MOVIPREP	4	
NULYTELY/FLAVOR PACKS	3	
OSMOPREP	4	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	1	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	2	
<i>polyethylene glycol 3350</i> PACK; POWD2		
PREPOPIK	4	
RELISTOR	4	PA
SUCLEAR	4	
SUPREP BOWEL PREP	4	
<i>trilyte</i>	2	

**MISCELLANEOUS**

ACTIGALL	4	
AMITIZA	3	
<i>amoxicillin-clarithromycin w/ lansoprazole</i>	2	
CARAFATE	4	
<i>cromolyn sodium (mastocytosis)</i>	5	
CYTOTEC	4	
<i>diphenoxylate w/ atropine</i> LIQD	2	
<i>diphenoxylate w/ atropine</i> TABS	1	
GASTROCROM	5	
GATTEX	5	NM, LA, PA
LINZESS	3	
LOMOTIL	4	
<i>loperamide hcl</i> CAPS	1	
LOTRONEX	5	PA
<i>misoprostol</i> TABS	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OMECLAMOX-PAK	4	
PREVPAC	4	
PYLERA	4	
SUCRAID	5	
<i>sucralfate</i> TABS	2	
URSO 250	4	
URSO FORTE	4	
<i>ursodiol</i> CAPS; TABS	2	
XIFAXAN TAB 550MG	5	PA

### **PANCREATIC ENZYMES**

CREON	3	
PANCREAZE	4	
PERTZYE	4	
ULTRESA	4	
VIOKACE 10	4	10K U
VIOKACE 20	5	20K U
ZENPEP	4	

### **PROTON PUMP INHIBITORS**

ACIPHEX	4	QL (30 tabs / 30 days)
ACIPHEX SPR CAP 5MG	4	
ACIPHEX SPR CAP 10MG	4	QL (60 caps / 30 days)
DEXILANT	3	QL (30 caps / 30 days)
<i>esomeprazole sodium</i>	2	
<i>lansoprazole</i> CPDR	2	QL (30 caps / 30 days)
NEXIUM CAP 20MG	4	QL (30 caps / 30 days)
NEXIUM CAP 40MG	4	QL (30 caps / 30 days)
NEXIUM GRA 2.5MG DR	4	
NEXIUM GRA 5MG DR	4	
NEXIUM GRA 10MG DR	4	QL (30 packets / 30 days)
NEXIUM GRA 20MG DR	4	QL (30 packets / 30 days)
NEXIUM GRA 40MG DR	4	QL (30 packets / 30 days)
NEXIUM I.V.	4	
<i>omeprazole</i> CPDR 10mg, 40mg	1	QL (30 caps / 30 days)
<i>omeprazole</i> CPDR 20mg	1	QL (60 caps / 30 days)
OMEPRAZOLE-SODIUM BICARBONATE	2	QL (30 caps / 30 days)
<i>pantoprazole sodium</i> SOLR	2	
<i>pantoprazole sodium</i> TBEC	2	QL (30 tabs / 30 days)
PREVACID	4	QL (30 caps / 30 days)
PREVACID SOLUTAB	4	QL (30 tabs / 30 days)
PRILOSEC CPDR 10mg, 40mg	4	QL (30 caps / 30 days)
PRILOSEC CPDR 20mg	4	QL (60 caps / 30 days)
PRILOSEC PACK	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROTONIX PACK	4	QL (30 packets / 30 days)
PROTONIX TBEC	4	QL (30 tabs / 30 days)
PROTONIX INJ	4	
<i>rabeprazole sodium</i>	2	QL (30 tabs / 30 days)
ZEGERID CAPS	4	QL (30 caps / 30 days)
ZEGERID PACK	4	QL (30 packets / 30 days)

## **GENITOURINARY**

### **BENIGN PROSTATIC HYPERPLASIA**

<i>alfuzosin hcl</i>	2
AVODART	3
CARDURA XL	4
<i>finasteride TABS 5mg</i>	2
FLOMAX	4
JALYN	3
PROSCAR	4
RAPAFLO	4
<i>tamsulosin hcl</i>	2
UROXATRAL	4

### **MISCELLANEOUS**

<i>bethanechol chloride TABS</i>	2
ELMIRON	4
POTASSIUM CITRATE (ALKALINIZER)	2
<i>urecholine</i>	4
UROCIT-K	4
UROCIT-K 15	4

### **URINARY ANTISPASMODICS**

DETROL	4
DETROL LA	4
DITROPAN XL	4
ENABLEX	4
GELNIQUE	4
MYRBETRIQ	4
<i>oxybutynin chloride SYRP</i>	1
<i>oxybutynin chloride TABS; TB24</i>	2
OXYTROL	4
SANCTURA	4
SANCTURA XR	4
TOLTERODINE TARTRATE ER	2
<i>tolterodine tartrate tab 1 mg</i>	2
<i>tolterodine tartrate tab 2 mg</i>	2
TOVIAZ	3
<i>trospium chloride</i>	2

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>trospium chloride er</i>	2	
VESICARE	4	
<b>VAGINAL ANTI-INFECTIVES</b>		
CLEOCIN CREA	4	
CLEOCIN VAG SUPP 100MG	4	
<i>clindamycin cre 2% vag</i>	2	
METROGEL-VAGINAL	4	
<i>metronidazole vaginal</i>	2	
<i>miconazole nitrate vaginal</i>	2	
TERAZOL 3	4	
TERAZOL 7	4	
<i>terconazole vaginal</i>	2	
VANDAZOLE	2	
<i>zazole .4%</i>	2	
ZAZOLE .8%	2	
<b>HEMATOLOGIC</b>		
<b>ANTICOAGULANTS</b>		
ARIXTRA	5	
COUMADIN	4	
COUMADIN INJ	4	
ELIQUIS TAB 2.5MG	3	
ELIQUIS TAB 5MG	3	
<i>enoxaparin sodium 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 300mg/3ml</i>	2	
<i>enoxaparin sodium 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	5	
<i>fondaparinux sodium 2.5mg/0.5ml</i>	2	
<i>fondaparinux sodium 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	5	
FRAGMIN 2500unit/0.2ml, 5000unit/0.2ml	4	
FRAGMIN 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 25000unit/ml	5	
HEP SOD/NACL INJ 25000	3	
HEPARIN (PORCINE) IN SODIUM CHLORIDE 100U/ML	3	
<i>heparin sod inj 1000u/ml</i>	2	B/D
HEPARIN SOD INJ 2000U/ML	3	B/D
HEPARIN SOD INJ 2500U/ML	3	B/D
<i>heparin sod inj 5000u/0.5ml</i>	2	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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<i>heparin sod inj 5000u/ml</i>	2	B/D
<i>heparin sod inj 10000u/ml</i>	2	B/D
<i>heparin sod inj 20000u/ml</i>	2	B/D
HEPARIN SODIUM/D5W	3	
HEPARIN SODIUM/NACL 0.45%	3	
HEPARIN SODIUM/SODIUM CHL	3	
<i>jantoven</i>	1	
LOVENOX 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 300mg/3ml	4	
LOVENOX 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	5	
PRADAXA	3	
<i>warfarin sodium</i>	1	
XARELTO	3	

***HEMATOPOIETIC GROWTH FACTORS***

ARANESP ALBUMIN FREE 25mcg/0.42ml, 25mcg/ml, 40mcg/0.4ml, 40mcg/ml, 60mcg/0.3ml, 60mcg/ml	3	NM, PA
ARANESP ALBUMIN FREE 100mcg/0.5ml, 100mcg/ml, 150mcg/0.3ml, 150mcg/0.75ml, 200mcg/0.4ml, 200mcg/ml, 300mcg/0.6ml, 300mcg/ml, 500mcg/ml	5	NM, PA
EPOGEN	4	NM, PA
GRANIX	5	NM, PA
LEUKINE	5	NM, PA
MOZOBIL	5	NM, PA
NEULASTA	5	NM, PA
NEUMEGA	5	NM
NEUPOGEN	5	NM, PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT 20000unit/ml, 40000unit/ml	5	NM, PA

***MISCELLANEOUS***

AGRYLIN	4	
<i>anagrelide hcl</i>	2	
<i>cilostazol</i>	2	
CINRYZE	5	NM, LA, PA
CYKLOKAPRON	4	
FIRAZYR	5	NM, PA
LYSTEDA	4	

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pentoxifylline</i>	TBCR	2	
PLETAL		4	
PROMACTA 12.5mg		5	QL (240 tabs / 30 days), NM, LA, PA
PROMACTA 25mg		5	QL (120 tabs / 30 days), NM, LA, PA
PROMACTA 50mg		5	QL (60 tabs / 30 days), NM, LA, PA
PROMACTA 75mg		5	QL (30 tabs / 30 days), NM, LA, PA
<i>tranexamic acid</i>	SOLN; TABS	2	
<b>PLATELET AGGREGATION INHIBITORS</b>			
AGGRENOX		4	
BRILINTA		4	
<i>clopidogrel bisulfate</i>		2	
EFFIENT		4	
PLAVIX		4	
<b>IMMUNOLOGIC AGENTS</b>			
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)</b>			
ACTEMRA		5	NM, PA
ARAVA		5	
CIMZIA		5	NM, PA
ENBREL		5	NM, PA
ENBREL SURECLICK		5	NM, PA
HUMIRA		5	NM, PA
HUMIRA PEN		5	NM, PA
HUMIRA PEN-CROHNS STARTER KIT		5	NM, PA
HUMIRA PEN-PSORIASIS STARTER KIT		5	NM, PA
<i>hydroxychloroquine sulfate</i>		1	
KINERET		5	NM, PA
<i>leflunomide</i> TABS		2	
<i>methotrexate sodium tabs</i>		2	
ORENCIA		5	NM, PA
OTEZLA		5	PA
PLAQUENIL		4	
REMICADE		5	NM, PA
RHEUMATREX		4	
SIMPONI		5	NM, PA
SIMPONI ARIA		5	NM, PA
<i>trexall</i> 5mg, 7.5mg, 15mg		4	B/D
<i>trexall</i> 10mg		4	B/D
XELJANZ		5	NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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#### ***IMMUNOGLOBULINS***

BIVIGAM 10gm/100ml	5	NM, PA
CARIMUNE NANOFILTERED	5	NM, PA
FLEBOGAMMA	5	NM, PA
FLEBOGAMMA DIF	5	NM, PA
GAMASTAN S/D	3	B/D, NM
GAMMAGARD LIQUID	5	NM, PA
GAMMAGARD S/D	5	NM, PA
GAMMAGARD S/D IGA LESS TH	5	NM, PA
GAMMAKED	5	NM, PA
GAMMAPLEX 2.5gm/50ml, 5gm/100ml, 10gm/200ml	5	NM, PA
GAMUNEX-C	5	NM, PA
GAMUNEX-C 1GM/10ML	5	NM, PA
OCTAGAM	5	NM, PA
PRIVIGEN	5	NM, PA

#### ***IMMUNOMODULATORS***

ACTIMMUNE	5	NM, LA, PA
ARCALYST	5	NM, PA
INTRON-A INJ 10MU	5	B/D, NM
INTRON-A INJ 18MU	5	B/D, NM
INTRON-A INJ 25MU	5	B/D, NM
INTRON-A INJ 50MU	5	B/D, NM
PEG-INTRON	5	NM, PA
PEG-INTRON REDIPEN	5	NM, PA
PEGASYS SOLN	5	NM, PA
PEGASYS PROCLICK	5	NM, PA
REVLIMID	5	NM, LA, PA
THALOMID	5	NM, PA

#### ***IMMUNOSUPPRESSANTS***

ASTAGRAF XL 5mg	5	B/D
ASTAGRAF XL .5mg, 1mg	4	B/D
ATGAM	4	B/D
<i>azasan</i> 75mg	4	B/D
<i>azasan</i> 100mg	4	B/D
<i>azathioprine</i> TABS	2	B/D
CELLCEPT CAP	5	B/D
CELLCEPT INTRAVENOUS	4	B/D
CELLCEPT SUSP	5	B/D
CELLCEPT TAB	5	B/D
<i>cyclosporine</i> CAPS; SOLN	2	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
cyclosporine modified (for microemulsion)	2	B/D
gengraf	2	B/D
IMURAN	4	B/D
mycophenolate mofetil	2	B/D
mycophenolate sodium 180mg	2	B/D
mycophenolate sodium 360mg	5	B/D
MYFORTIC 180mg	4	B/D
MYFORTIC 360mg	5	B/D
NEORAL	3	B/D
NULOJIX	5	B/D
PROGRAF CAPS 5mg	5	B/D
PROGRAF CAPS .5mg, 1mg	4	B/D
PROGRAF SOLN	4	B/D
RAPAMUNE SOLN	5	B/D
RAPAMUNE TABS 1mg, 2mg	5	B/D
RAPAMUNE TABS .5mg	4	B/D
SANDIMMUNE CAPS	3	B/D
SANDIMMUNE INJ	4	B/D
SANDIMMUNE SOLN	3	B/D
SIMULECT	4	B/D
sirolimus TABS	2	B/D
tacrolimus CAPS 5mg	5	B/D
tacrolimus CAPS .5mg, 1mg	2	B/D
THYMOGLOBULIN	5	B/D
ZORTRESS TAB 0.5MG	5	B/D
ZORTRESS TAB 0.25MG	4	B/D
ZORTRESS TAB 0.75MG	5	B/D

### **VACCINES**

ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BOOSTRIX	3	
CERVARIX	3	
COMVAX	3	
DAPTACEL	3	
DIPHTHERIA/TETANUS TOXOID	3	B/D
ENGERIX-B SUSP 10mcg/0.5ml	3	B/D
ENGERIX-B SUSP 10mcg/0.5ml, 20mcg/ml	3	B/D
GARDASIL	3	
HAVRIX	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	
INFANRIX	3	
IPOP INACTIVATED IPV	3	
IXIARO	3	
M-M-R II W/DILUENT 10 DOS	3	
MENACTRA	3	
MENOMUNE-A/C/Y/W-135	3	
MENVEO	3	
PEDVAX HIB	3	
PROQUAD	3	
RABAVERT	3	
RECOMBIVAX HB 5mcg/0.5ml	3	B/D
RECOMBIVAX HB 10mcg/ml, 40mcg/ml	3	B/D
ROTARIX	3	
ROTATEQ	3	
SYNAGIS	5	NM
TENIVAC	3	B/D
TETANUS TOXOID ADSORBED	3	B/D
TETANUS/DIPHTHERIA TOXOID	3	B/D
TWINRIX INJ	3	
TYPHIM VI	3	
VAQTA 25unit/0.5ml	3	
VAQTA 50unit/ml	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	

## **NUTRITIONAL/SUPPLEMENTS**

### **ELECTROLYTES**

ammonium chloride SOLN	4
K-TAB 10meq	4
K-TAB 20meq	4
KLOR-CON 8	2
KLOR-CON 10	2
klor-con m15	2
klor-con m20	2
klor-con pow 20meq	2
MAGNESIUM SULFATE SOLN 40mg/ml, 80mg/ml	3
magnesium sulfate SOLN 50%	2
MAGNESIUM SULFATE IN D5W	3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MICRO-K	4	
<i>potassium chloride LIQD</i>	1	
POTASSIUM CHLORIDE TBCR	2	
<i>potassium chloride caps er</i>	2	
<i>potassium chloride microencapsulated crystals cr</i>	2	
SODIUM CHLORIDE SOLN 2.5meq/ml	2	
SODIUM FLUORIDE CHEW; TAB; 1.1 (0.5 F) MG/ML SOLN	2	
TPN ELECTROLYTES	4	B/D

#### **IV NUTRITION**

AMINOSYN	4	B/D
AMINOSYN 7%/ELECTROLYTES	4	B/D
AMINOSYN II	4	B/D
AMINOSYN II 8.5%/ELECTROL	4	B/D
AMINOSYN INJ 8.5/LYTE	4	B/D
AMINOSYN M	4	B/D
AMINOSYN-HBC	4	B/D
AMINOSYN-PF	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-RF	4	B/D
CLINIMIX 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 20%	4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 5%/DEXTROSE 25%	4	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX E 2.75%/DEXTROSE 10%	4	B/D
CLINIMIX E 4.25%/DEXTROSE	4	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX E 5%/DEXTROSE 15%	4	B/D
CLINIMIX E 5%/DEXTROSE 20%	4	B/D
CLINIMIX E 5%/DEXTROSE 25%	4	B/D
<i>clisol 15</i>	2	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
HEPATAMINE	4	B/D
<i>hepatasol 8</i>	2	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INTRALIPID INJ 20%	3	B/D
INTRALIPID INJ 30%	3	B/D
LIPOSYN II	4	B/D
LIPOSYN III	4	B/D
LIPOSYN III INJ 10%	4	B/D
NEPHRAMINE	4	B/D
<i>premasol 6%</i>	2	B/D
<i>premasol 10%</i>	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
<i>travasol 10</i>	4	B/D
TROPHAMINE	4	B/D
TROPHAMINE INJ 10%	4	B/D

#### **IV REPLACEMENT SOLUTIONS**

DEXTROSE SOLN 50%	2
<i>dextrose</i> SOLN 70%	2
DEXTROSE 2.5%/NACL 0.45%	2
DEXTROSE 5%	2
DEXTROSE 5% /ELECTROLYTE	3
DEXTROSE 5%/LACTATED RING	2
DEXTROSE 5%/NACL 0.2%	2
DEXTROSE 5%/NACL 0.3%	2
DEXTROSE 5%/NACL 0.9%	2
DEXTROSE 5%/NACL 0.33%	2
DEXTROSE 5%/NACL 0.45%	2
DEXTROSE 5%/NACL 0.225%	2
DEXTROSE 5%/POTASSIUM CHL	2
DEXTROSE 10% FLEX CONTAIN	2
DEXTROSE 10% W/ SODIUM CHLORIDE3 0.2%	
DEXTROSE 10%/NACL 0.45%	2
ELECTROLYTE-R IN DEXTROSE	4
IONOSOL-B/DEXTROSE 5%	4
IONOSOL-MB/DEXTROSE 5%	4
ISOLYTE P	4
<i>isolyte s</i>	4
KCL0.15%/D5W/NACLO.2%	2
KCL0.15%/D5W/NACLO.225%	3
<i>kcl 0.3%/d5w/lr iv lac ri</i>	4
KCL 0.3%/D5W/NACL 0.9%	2
KCL 0.3%/D5W/NACL 0.45%	2
KCL 0.15%/D5W/LR	4

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KCL 0.15%/D5W/NACL 0.9%	2	
KCL 0.075%/D5W/NACL 0.45%	2	
LACTATED RINGERS VIAFLEX	1	
<i>normosol-m</i>	2	
NORMOSOL-R	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-56/D5W	4	
PLASMA-LYTE-148	4	
<i>potassium chloride</i> SOLN	2	
POTASSIUM CHLORIDE 0.3%/D	2	
POTASSIUM CHLORIDE 0.15%	2	
POTASSIUM CHLORIDE 0.22%	2	
<i>potassium chloride in nacl</i>	2	
POTASSIUM CHLORIDE IN NACL	2	
RINGER'S	2	
SODIUM CHLORIDE SOLN .9%, 3%, 5%	2	
SODIUM CHLORIDE 0.45% VIA	2	
<b>VITAMINS</b>		
<i>calcitriol</i> CAPS; SOLN	2	B/D
<i>doxercalciferol</i>	2	B/D
HECTOROL	4	B/D
<i>paricalcitol</i>	2	B/D
PRENATAL VITAMIN/FOLIC ACID > 0.8 MG (GENERIC)	2	
ROCALTROL	4	B/D
ZEMPLAR CAPS 1mcg, 2mcg	4	B/D
ZEMPLAR CAPS 4mcg	5	B/D
ZEMPLAR SOLN	4	B/D
<b>OPHTHALMIC</b>		
<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>		
<i>bacitracin-poly-neomycin-hc</i>	2	
<i>blephamide</i> OINT	4	
BLEPHAMIDE SUSP	4	
MAXITROL	4	
<i>neomycin-polymy-dexameth</i>	2	
<i>neomycin-polymyxin-hc (ophth)</i>	2	
PRED-G	4	
PRED-G S.O.P.	4	
<i>sulfacetamide sod-prednisolone</i>	2	
TOBRADEX OINT	3	
TOBRADEX SUSP	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	2	
ZYLET	3	
<b>ANTI-INFECTIVES</b>		
AZASITE	4	
<i>bacitracin (ophthalmic)</i>	2	
<i>bacitracin-polymyxin b (ophth)</i>	2	
BESIVANCE	3	
BLEPH-10	4	
CILOXAN OIN 0.3% OP	3	
CILOXAN SOL 0.3% OP	4	
<i>ciprofloxacin hcl (ophth)</i>	2	
<i>erythromycin (ophth)</i>	1	
<i>garamycin</i>	4	
<i>gatifloxacin (ophth)</i>	2	
<i>gentak</i>	2	
<i>gentamicin sulfate (ophth) OINT</i>	2	
<i>gentamicin sulfate (ophth) SOLN</i>	1	
<i>levofloxacin (ophth)</i>	2	
MOXEZA	3	
NATACYN	4	
<i>neomycin-bacitracin zn-polymyxin</i>	2	
<i>neomycin-polymy-gramicid</i>	2	
<i>neosporin solution</i>	4	
OCUFLOX	4	
<i>ofloxacin (ophth)</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
POLYTRIM	4	
<i>sulfacetamide sodium (ophth) OINT</i>	2	
<i>sulfacetamide sodium (ophth) SOLN</i>	1	
<i>tobramycin sulfate (ophth)</i>	1	
TOBREX OINT 0.3%	4	
TOBREX SOL 0.3% OP	4	
<i>trifluridine SOLN</i>	2	
VIGAMOX	3	
VIROPTIC	4	
ZIRGAN	4	
ZYMAXID	4	
<b>ANTI-INFLAMMATORIES</b>		
ACULAR	4	
ACULAR LS	4	
ACUVAIL	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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ALREX	3
<i>bromfenac sodium (ophth)</i>	2
BROMFENAC SODIUM (OPHTH)(ONCE-DAILY)	2
<i>dexamethasone sodium phosphate (ophth)</i>	2
<i>diclofenac sodium (ophth)</i>	2
DUREZOL	3
FLAREX	4
FLUOROMETHOLONE (OPHTH)	2
<i>flurbiprofen sodium</i>	1
FML	4
FML FORTE	4
FML LIQUIFILM	4
ILEVRO	3
<i>ketorolac tromethamine (ophth)</i>	2
LOTEMAX	3
MAXIDEX	3
NEVANAC	3
OCUFEN	4
OMNIPRED	4
PRED FORTE	4
PRED MILD	4
PREDNISOLONE ACETATE (OPHTH)	2
<i>prednisolone sodium phosphate (ophth)</i>	3
VEXOL	4

#### **ANTIALLERGICS**

ALOCRIL	4
ALOMIDE	4
<i>azelastine hcl (ophth)</i>	2
BEPREVE	3
<i>cromolyn sodium (ophth)</i>	1
ELESTAT	4
EMADINE	4
<i>epinastine hcl (ophth)</i>	2
LASTACAFT	4
OPTIVAR	4
PATADAY	3
PATANOL	3

#### **ANTIGLAUCOMA**

ALPHAGAN P 0.1%	3
ALPHAGAN P 0.15%	4

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AZOPT	3	
BETAGAN	4	
<i>betaxolol hcl (ophth)</i>	2	
BETIMOL	4	
BETOPTIC-S	3	
<i>brimonidine sol 0.2%</i>	1	
BRIMONIDINE SOL 0.15%	2	
<i>carteolol hcl (ophth)</i>	1	
COMBIGAN	3	
COSOPT	4	
COSOPT PF	4	
<i>dorzolamide hcl</i>	2	
<i>dorzolamide hcl-timolol maleate</i>	2	
ISOPTO CARPINE	4	
ISTALOL	3	
<i>latanoprost</i>	2	
<i>levobunolol hcl .5%</i>	2	
LEVOBUNOLOL HCL .25%	2	
LUMIGAN	3	
<i>metipranolol</i>	2	
OPTIPRANOLOL	4	
PHOSPHOLINE IODIDE	3	
PILOCARPINE HCL SOLN	2	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol maleate (ophth)</i>	1	
TIMOLOL MALEATE GEL	2	
TIMOPTIC	4	
TIMOPTIC OCUDOSE	4	
TIMOPTIC-XE	4	
TRAVATAN Z	3	
TRUSOPT	4	
XALATAN	4	
ZIOPTAN	4	

#### **MISCELLANEOUS**

<i>alcaíne</i>	4	
BOTOX INJ 100UNIT	4	NM, PA
LACRISERT	4	
<i>naphazoline 0.1%</i>	1	
PROLENSA	3	
<i>proparacaine hcl SOLN</i>	1	
RESTASIS	3	
XEOMIN	4	NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>RESPIRATORY</b>		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		
ANORO ELLIPT AER 62.5-25	3	QL (1 inhaler / 30 days)
COMBIVENT RESPIMAT	4	QL (2 inhalers / 30 days)
DUONEB	4	B/D
<i>ipratropium-albuterol</i>	2	B/D
<b>ANTICHOLINERGICS</b>		
ATROVENT	4	
ATROVENT HFA	4	QL (2 inhalers / 30 days)
<i>ipratropium bromide (nasal)</i>	2	
<i>ipratropium sol inhal</i>	2	B/D
SPIRIVA HANDIHALER	3	QL (30 caps / 30 days)
TUDORZA PRESSAIR	3	QL (1 inhaler / 30 days)
<b>ANTIHISTAMINE COMBINATIONS</b>		
CLARINEX-D TAB 2.5-120	4	
CLARINEX-D TAB 5-240MG	4	
DYMISTA SPR 137-50	4	QL (1 bottle / 30 days)
SEMPREX-D	4	
<b>ANTIHISTAMINES</b>		
ASTELIN	4	
ASTEPRO	3	
<i>azelastine hcl SOLN</i>	2	
<i>azelastine spr 0.1%</i>	2	
<i>cetirizine syrup</i>	2	
CLARINEX	4	
<i>desloratadine</i>	2	
<i>diphenhydram inj 50mg/ml</i>	2	
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml</i>	4	PA
<i>levocetirizine soln 2.5mg/5ml</i>	2	
<i>levocetirizine tab 5 mg</i>	2	
PATANASE	3	GC
XYZAL	4	
<b>BETA AGONISTS</b>		
<i>albuterol sulfate NEBU</i>	2	B/D
<i>albuterol sulfate SYRP</i>	1	
<i>albuterol sulfate TABS</i>	2	
<i>albuterol sulfate er</i>	2	
ARCAPTA NEOHALER	4	GC, QL (30 caps / 30 days)
BROVANA	4	B/D
FORADIL AEROLIZER	3	QL (60 caps / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levalbuterol conc 1.25mg/0.5ml</i>	2	B/D
LEVALBUTEROL HCL 1.25mg/3ml	2	B/D
<i>levalbuterol hcl .31mg/3ml, .63mg/3ml</i>	2	B/D
PERFOROMIST	4	B/D
PROAIR HFA	3	QL (2 inhalers / 30 days)
PROVENTIL HFA	4	QL (2 inhalers / 30 days)
SEREVENT DISKUS	3	QL (1 inhaler / 30 days)
<i>terbutaline sulfate SOLN; TABS</i>	2	
VENTOLIN HFA	4	QL (2 inhalers / 30 days)
<i>vospire</i>	4	
XOPENEX	4	B/D
XOPENEX CONCENTRATE	4	B/D
XOPENEX HFA	3	QL (2 inhalers / 30 days)
<b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b>		
ACCOLATE	4	
<i>montelukast sodium CHEW; PACK; TABS</i>	2	
SINGULAIR	4	
<i>zafirlukast</i>	2	
ZYFLO CR	5	
<b>MAST CELL STABILIZERS</b>		
<i>cromolyn sodium NEBU</i>	2	B/D
<b>MISCELLANEOUS</b>		
<i>acetylcysteine SOLN 10%, 20%</i>	2	B/D
ADRENACCLICK	4	
ARALAST NP	5	NM, LA, PA
AUVI-Q	3	
DALIRESP	4	
EPINEPHRINE SOAJ	2	
EPIPEN 2-PAK	3	
EPIPEN-JR 2-PAK	3	
GLASSIA	5	NM, LA, PA
PROLASTIN-C	5	NM, LA, PA
PULMOZYME	5	B/D, NM
<i>tyzine .05%</i>	4	
XOLAIR	5	NM, LA, PA
ZEMAIRA	5	NM, LA, PA
<b>NASAL STEROIDS</b>		
BECONASE AQ	4	QL (2 inhalers / 30 days)
<i>budesonide (nasal)</i>	2	QL (2 bottles / 30 days)
FLONASE	4	QL (1 bottle / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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<i>flunisolide (nasal)</i>	2	QL (2 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	2	QL (1 bottle / 30 days)
NASONEX	4	QL (2 bottles / 30 days)
OMNARIS	4	QL (1 inhaler / 30 days)
QNASL	4	QL (1 inhaler / 30 days)
RHINOCORT AQUA	4	QL (2 bottles / 30 days)
<i>triamcinolone acetonide (nasal)</i>	2	QL (1 bottle / 30 days)
VERAMYST	4	QL (1 bottle / 30 days)
ZETONNA	4	QL (1 inhaler / 30 days)

**STEROID INHALANTS**

AEROSPA	4	QL (2 inhalers / 30 days)
ALVESCO	4	QL (2 inhalers / 30 days)
ASMANEX	3	QL (2 inhalers / 30 days)
ASMANEX 14 METERED DOSES	3	QL (2 inhalers / 30 days)
<i>budesonide (inhalation)</i>	2	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist	3	QL (2 inhalers / 30 days)
FLOVENT DISKUS 250mcg/blist	3	QL (4 inhalers / 30 days)
FLOVENT HFA	3	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER	4	QL (2 inhalers / 30 days)
PULMICORT INH SUSP 0.5MG/2 ML	4	B/D
PULMICORT INH SUSP 0.25MG/2 ML	4	B/D
PULMICORT INH SUSP 1MG/2ML	5	B/D
QVAR 40mcg/act	3	QL (1 inhaler / 30 days)
QVAR 80mcg/act	3	QL (2 inhalers / 30 days)

**STEROID/BETA-AGONIST COMBINATIONS**

ADVAIR DISKUS	3	QL (1 inhaler / 30 days)
ADVAIR HFA	3	QL (1 inhaler / 30 days)
BREO ELLIPTA	3	QL (1 inhaler / 30 days)
DULERA	4	QL (1 inhaler / 30 days)
SYMBICORT	3	QL (1 inhaler / 30 days)

**XANTHINES**

<i>aminophylline inj</i>	2	
<i>elioxophyllin</i>	4	
LUFYLLIN	4	
<i>theo-24</i>	4	
<i>theophylline</i> SOLN; TB24	2	
<i>theophylline</i> TB12	1	

**TOPICAL**

**DERMATOLOGY, ACNE**

ABSORICA	5	
ACANYA	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ACZONE	4	
<i>adapalene</i> CREA	2	
<i>adapalene</i> GEL .1%	2	
ADAPALENE GEL .3%	2	
AKNE-MYCIN	4	
<i>amnesteem</i>	2	
ATRALIN	4	
AVITA	2	
AZELEX	4	
BENZACLIN	4	
BENZAMYCIN	4	
<i>benzoyl peroxide-erythromycin</i>	2	
<i>claravis</i>	2	
CLEOCIN-T	4	
<i>clindamycin phosphate (topical)</i>	2	
<i>clindamycin phosphate-benzoyl peroxide</i>	2	
DIFFERIN	4	
EPIDUO	4	
<i>ery pad 2%</i>	2	
<i>erythromycin (acne aid)</i>	2	
FABIOR	4	
KLARON	4	
<i>myorisan</i>	2	
RETIN-A	4	
RETIN-A MICRO	4	
RETIN-A MICRO PUMP	4	
<i>sulfacetamide sodium (acne)</i>	2	
<i>tretin-x</i> CREA	4	
<i>tretinoi</i> n CREA; GEL	2	
TRETINOIN MICROSPHERE	2	
VELTIN	4	
<i>zenatane</i>	2	
ZIANA	4	

#### ***DERMATOLOGY, ANTIBIOTICS***

ALTABAX	4
BACTROBAN	4
BACTROBAN NASAL	4
CENTANY	4
CORTISPORIN CREA; OINT	4
<i>gentamicin sulfate (topical)</i>	1
<i>mafenide acetate</i> PACK	2

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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<i>mupirocin</i> OINT	1	
<i>mupirocin calcium (topical)</i>	2	
SILVADENE	4	
SILVER SULFADIAZINE CREA	2	
SSD	2	
SULFAMYLYON	4	

***DERMATOLOGY, ANTIFUNGALS***

<i>ciclopirox</i> GEL	2	
<i>ciclopirox cre 0.77%</i>	2	
<i>ciclopirox shampoo 1%</i>	2	
<i>ciclopirox sus 0.77%</i>	2	
<i>clotrimazole (topical)</i> CREA	2	
<i>clotrimazole (topical)</i> SOLN	1	
<i>econazole nitrate</i> CREA	2	
ERTACZO	4	
EXELDERM	4	
EXTINA	4	
<i>ketoconazole (topical)</i>	2	
LOPROX SHAMPOO	4	
LUZU	4	
MENTAX	4	
NAFTIN	4	
<i>nyamyc</i>	2	
<i>nystatin (topical)</i>	2	
<i>nystatin pow 100000</i>	2	
<i>nystop</i>	2	
OXISTAT	4	
<i>pedi-dri</i>	2	

***DERMATOLOGY, ANTIPRURITIC***

<i>anusol hc</i>	4	
CORTIFOAM	4	
<i>procto-pak</i>	2	
<i>proctozone hc</i>	1	
PRUDOXIN CRE 5%	2	
ZONALON	4	

***DERMATOLOGY, ANTIPSORIATICS***

<i>acitretin</i>	5	PA
<i>calcipotriene</i> CREA; OINT; SOLN	2	
<i>calcitrene oin 0.005%</i>	2	
CALCITRIOL OINT	2	
DOVONEX CRE 0.005%	4	
<i>methoxsalen rapid</i>	5	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
8-MOP	4	
OXSORALEN ULTRA	5	
SORIATANE	5	PA
SORILUX	4	
STELARA	5	NM, PA
TAZORAC	4	PA
VECTICAL	5	
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
ketoconazole shampoo	1	
NIZORAL		
selenium sulfide LOTN	1	
<b>DERMATOLOGY, ANTIVIRALS</b>		
acyclovir topical	2	
DENAVIR	4	
XERESE	4	
ZOVIRAX CREA	4	
ZOVIRAX OINT	5	
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
aclovate	4	
ala-cort	1	
ala-scalp	4	
alclometasone dipropionate	2	
amcinonide CREA; LOTN	2	
amcinonide OINT	4	
apexicon	4	
betamethasone dipropionate (topical)	2	
betamethasone dipropionate augmented	2	
betamethasone valerate CREA; FOAM; LOTN; OINT	2	
calcipotrien oin betameth	2	
CAPEX	4	
clobetasol propionate CREA; FOAM; GEL; LOTN; OINT; SHAM; SOLN	2	
clobetasol propionate emollient base	2	
clobetasol propionate emulsion	2	
CLOBEX	4	
CLOCORTOLONE PIVALATE	2	
CLODERM PUMP	4	
CORDRAN TAPE	4	
CUTIVATE CREA	4	
CUTIVATE LOTN	5	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DERMATOP	4	
DESONATE	4	
DESONIDE CREA	2	
<i>desonide</i> LOTN; OINT	2	
DESOWEN CREA	4	
<i>desowen</i> LOTN	4	
<i>desoximetasone</i> CREA	2	
<i>desoximetasone</i> GEL	2	
DESOXIMETASONE OINT .05%	2	
<i>desoximetasone</i> OINT .25%	2	
<i>diflorasone diacetate</i>	2	
DIPROLENE	4	
DIPROLENE AF	4	
ELOCON	4	
<i>fluocinolone acetonide</i> CREA; OIL; OINT; SOLN	2	
<i>fluocinonide</i> CREA; GEL; OINT; SOLN	2	
<i>fluocinonide emulsified base</i>	2	
<i>fluticasone propionate</i> CREA; LOTN; OINT	2	
<i>halobetasol propionate</i>	2	
HALOG	4	
<i>hydrocortisone (topical)</i> CREA; OINT	1	
<i>hydrocortisone (topical)</i> LOTN	2	
<i>hydrocortisone butyrate</i>	2	
<i>hydrocortisone butyrate hydrophilic lipo2 base</i>		
<i>hydrocortisone valerate</i>	2	
KENALOG	4	
LOKARA LOTN 0.05%	2	
<i>mometasone furoate</i> CREA; OINT; SOLN	2	
PANDEL	4	
PREDNICARBATE CREA	2	
<i>prednicarbate</i> OINT	2	
SYNALAR	4	
TACLONEX	5	
TEMOVATE	4	
TEMOVATE E	4	
<i>texacort</i>	4	
<i>topicort</i> CREA	4	
<i>topicort</i> GEL	4	
TOPICORT LIQD	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TOPICORT OINT .05%	4	
<i>topicort</i> OINT .25%	4	
<i>triamcinolone acetonide (topical)</i>	1	
CREA; OINT		
<i>triamcinolone acetonide (topical)</i>	2	
LOTN		
<i>triderm</i>	1	
<i>u-cort</i>	2	
ULTRAVATE	4	
VANOS	4	
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
EMLA	4	B/D
<i>lidocaine</i> OINT	2	
<i>lidocaine</i> PTCH	2	PA
<i>lidocaine hcl</i> GEL	2	
<i>lidocaine hcl</i> SOLN 4%	1	
<i>lidocaine-prilocaine</i>	2	B/D
LIDODERM	4	PA
SYNERA	4	
XYLOCAINE 4%	4	
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
ALDARA	4	
<i>ammonium lactate</i> CREA; LOTN	2	
CARAC	4	
CONDYLOX	4	
<i>diclofenac sodium (actinic keratoses)</i>	5	PA
<i>diclofenac sodium (topical)</i>	2	
EFUDEX	4	
ELIDEL	4	PA
FINACEA	4	
<i>fluorouracil (topical)</i>	2	
<i>imiquimod</i> CREA	2	
LAC-HYDRIN	4	
<i>laclotion lot 12%</i>	2	
METROCREAM	4	
METROGEL	4	
METROLOTION	4	
<i>metronidazole (topical)</i>	2	
NORITATE	4	
ORACEA	4	
OXSORALEN	4	
PANRETIN	5	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PENNSAID	4	
PICATO	5	
<i>podofilox</i> SOLN	2	
PROTOPIC	4	PA
RECTIV	4	
<i>rosadan cre 0.75%</i>	2	
SOLARAZE	5	PA
TARGRETIN GEL	5	NM, PA
VALCHLOR	5	NM, LA, PA
VOLTAREN GEL 1%	3	
ZYCLARA	5	
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
EURAX	4	
<i>malathion</i>	2	
OVIDE	4	
<i>permethrin CREA</i>	2	
SKLICE	4	
ULESFIA	4	
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
<i>acetic acid .25%</i>	1	
<i>neomycin/polymyxin b gu</i>	2	
REGRANEX	5	PA
SANTYL	4	
SODIUM CHLORIDE 0.9%	1	
STERILE WATER IRRIGATION	2	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hcl</i>	2	
<i>chlorhexidine gluconate (mouth-throat)</i> 1		
<i>clotrimazole TROC</i>	2	
EVOXAC	4	
<i>lidocaine hcl (mouth-throat)</i>	1	
<i>nystatin (mouth-throat)</i>	2	
<i>periogard soln 0.12%</i>	1	
<i>pilocarpine hcl (oral)</i>	2	
SALAGEN	4	
<i>triamcinolone acetonide (mouth)</i>	2	
<b>OTIC</b>		
<i>acetasol hc</i>	2	
<i>acetic acid (otic)</i>	2	
<i>acetic acid sol/hc</i>	2	
<i>acetic acid-aluminum acetate</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CIPRO HC	4	
CIPRODEX	3	
COLY-MYCIN S	4	
CORTISPORIN SOLN	4	
CORTISPORIN-TC	4	
<i>fluocinolone acetonide (otic)</i>	2	
<i>neomycin-polymyxin-hc (otic)</i>	2	
<i>ofloxacin (otic)</i>	2	

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## **Section 2**

## **Supplemental Drug List**

Cost-sharing always applies to these drugs, even in the deductible, in the coverage gap and in catastrophic benefits. Cost-sharing on these drugs does not count toward the deductible, or reaching the coverage gap or reaching catastrophic benefits. In addition, if you are receiving “extra help” to pay for your cost-sharing, you will not get any “extra help” to pay for these drugs.

## Supplemental Drug List

Drug Name	Drug Tier	Requirements/Limits
<b>ANALGESICS</b>		
<b>NSAIDS</b>		
<i>indomethacin</i> CAPS; CPCR	2	
<i>ketorolac inj</i> 15mg/ml	2	
<i>ketorolac inj</i> 30mg/ml	2	
<i>ketorolac inj</i> 60mg/2ml	2	
<i>ketorolac tromethamine</i> SOLN 30mg/ml	2	
<i>ketorolac tromethamine</i> TABS	2	QL (20 tabs / 25 days)
<b>OPIOID ANALGESICS</b>		
<i>ascomp/cod cap</i> 30mg	2	
<i>but/asa/caf/ cap cod</i> 30mg	2	
<i>butal cpd/ cap codeine</i>	2	
<i>co-gesic tab</i> 5-500mg	2	QL (240 tabs / 30 days)
<i>hydroco/apap sol</i> 7.5-500	2	QL (3600ml / 30 days)
<i>hydroco/apap tab</i> 2.5-500	2	QL (240 tabs / 30 days)
<i>hydroco/apap tab</i> 5-500mg	2	QL (240 tabs / 30 days)
<i>hydroco/apap tab</i> 7.5-500	2	QL (240 tabs / 30 days)
<i>hydroco/apap tab</i> 7.5-650	2	QL (180 tabs / 30 days)
<i>hydroco/apap tab</i> 7.5-750	2	QL (160 tabs / 30 days)
<i>hydroco/apap tab</i> 10-500mg	2	QL (240 tabs / 30 days)
<i>hydroco/apap tab</i> 10-650mg	2	QL (180 tabs / 30 days)
<i>hydroco/apap tab</i> 10-660mg	2	QL (180 tabs / 30 days)
<i>hydroco/apap tab</i> 10-750mg	2	QL (150 tabs / 30 days)
<i>hydrogesic cap</i> 5-500mg	2	QL (240 caps / 30 days)
<i>stagesic cap</i> 5-500mg	2	QL (240 caps / 30 days)
<b>OPIOID ANALGESICS, CII</b>		
<i>endocet tab</i> 7.5-500m	2	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-650mg	2	QL (180 tabs / 30 days)
<i>oxycod/apap cap</i> 5-500mg	2	QL (240 caps / 30 days)
<i>oxycod/apap tab</i> 7.5-500	2	QL (240 tabs / 30 days)
<i>oxycod/apap tab</i> 10-650mg	2	QL (180 tabs / 30 days)
<i>oxymorphone hcl</i> TB12	2	QL (180 ea / 30 days)
<b>ANTI-INFECTIVES</b>		
<b>ANTI-INFECTIVES - MISCELLANEOUS</b>		
KETEK	3	
<i>methenam man tab</i> 1gm	2	
<i>methenam man tab</i> 500mg	2	
<i>methenam man tab</i> 1000mg	2	
MONUROL	3	
<i>tinidazole</i> TABS	2	
<b>FLUOROQUINOLONES</b>		

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
NOROXIN TAB 400MG		3	
<b>CARDIOVASCULAR</b>			
<b>IMPOTENCE AGENTS</b>			
CIALIS 2.5mg		3	QL (30 tabs / 25 days)
CIALIS 5mg, 10mg, 20mg		3	QL (6 tabs / 25 days)
<b>MISCELLANEOUS</b>			
guanfacine hcl		2	
methyldopa		2	
<b>CENTRAL NERVOUS SYSTEM</b>			
<b>ANTIANXIETY</b>			
alprazolam TB24		2	QL (30 ea / 30 days)
alprazolam TBDP 2mg		2	QL (60 ea / 25 days)
alprazolam TBDP .25mg, .5mg, 1mg		2	QL (90 ea / 25 days)
oxazepam		2	QL (120 caps / 25 days)
<b>ANTICONVULSANTS</b>			
STAVZOR CAP 125MG		3	
STAVZOR CAP 250MG		3	
STAVZOR CAP 500MG		3	
<b>ANTIDEMENTIA</b>			
NAMENDA TAB 5-10MG		3	
NAMENDA TAB 5MG		3	
NAMENDA TAB 10MG		3	
<b>ANTIPARKINSONIAN AGENTS</b>			
trihexyphenidyl hcl		2	
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>			
dexedrine tab 5mg		2	QL (120 tabs / 25 days)
dexedrine tab 10mg		2	QL (120 tabs / 25 days)
dextroamphetamine sol 5mg/5ml		2	QL (1200ml / 25 days)
dextroamphetamine sulfate CP24 5mg, 10mg		2	QL (120 ea / 25 days)
dextroamphetamine sulfate CP24 15mg	2		QL (60 ea / 25 days)
dextroamphetamine sulfate TABS 2.5mg, 5mg, 7.5mg, 10mg	2		QL (120 tabs / 25 days)
dextroamphetamine sulfate TABS 15mg, 20mg	2		QL (60 tabs / 25 days)
dextroamphetamine sulfate TABS 30mg	2		QL (30 tabs / 25 days)
<b>HYPNOTICS</b>			
AMBIEN CR		4	QL (15 ea / 25 days)
INTERMEZZO		3	QL (15 ea / 25 days)
LUNESTA		4	QL (15 tabs / 25 days)
temazepam 22.5mg, 30mg		2	QL (15 caps / 25 days)
zaleplon		2	QL (15 caps / 25 days)
zolpidem tartrate TBCR		2	QL (15 ea / 25 days)

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<b><i>MIGRAINE</i></b>	
CAMBIA	3
<b><i>MUSCULOSKELETAL THERAPY AGENTS</i></b>	
<i>carisoprodol</i>	2
CARISOPRODOL POW	3
<i>carisoprodol tab 250mg</i>	2
<i>carisoprodol w/ aspirin &amp; codeine</i>	2
<i>chlorzoxazone</i>	2
<i>metaxalone</i>	2
<i>methocarbamol</i>	2
<i>orphenadrine citrate</i> SOLN; TB12	2
SKELAXIN	4
<b><i>PSYCHOTHERAPEUTIC-MISC</i></b>	
<i>chlordiazepoxide-amitriptyline</i>	2
<i>perphenazine-amitriptyline</i>	2
SYMBYAX	4
<b><i>CHEMICALS</i></b>	
<b><i>BULK CHEMICALS</i></b>	
METHOCARBAM POW	3
<b><i>DIAGNOSTIC PRODUCTS</i></b>	
<b><i>DIAGNOSTIC TESTS</i></b>	
<i>CLEVER CHEK TES</i>	3
<i>CLEVER CHEK TES AUTO CD</i>	3
<i>CLEVER CHEK TES VOICE</i>	3
<i>CLEVER CHOIC TES MICRO</i>	3
<i>CLEVR CHOICE TES AUTO-CD</i>	3
<b><i>ENDOCRINE AND METABOLIC</i></b>	
<b><i>ANTIDIABETICS, ORAL</i></b>	
<i>CYCLOSET</i>	3
<i>glyburide</i>	2
<i>glyburide micronized</i>	2
<i>glyburide-metformin</i>	2
<b><i>ESTROGENS</i></b>	
<i>ACTIVELLA</i>	4
<i>estradiol &amp; norethindrone acetate</i>	2
<i>estropipate</i>	2
<i>ortho-est tab 0.625</i>	2
<i>ortho-est tab 1.25</i>	2
<i>PREFEST</i>	3
<i>PREMARIN TABS</i>	3
<i>PREMPHASE</i>	3
<i>PREMPRO</i>	3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>THYROID AGENTS</b>		
ARMOUR THYRO TAB 15MG	3	
ARMOUR THYRO TAB 30MG	4	
ARMOUR THYRO TAB 60MG	4	
ARMOUR THYRO TAB 90MG	4	
ARMOUR THYRO TAB 120MG	3	
ARMOUR THYRO TAB 180MG	3	
ARMOUR THYRO TAB 240MG	3	
ARMOUR THYRO TAB 300MG	3	
<b>GASTROINTESTINAL</b>		
<b>ANTIEMETICS</b>		
<i>phenergan sup 12.5mg</i>	2	
<i>phenergan sup 25mg</i>	2	
<i>promethazine hcl SOLN 6.25mg/5ml</i>	2	
<i>promethazine hcl SUPP</i>	2	
<i>promethazine hcl SYRP</i>	2	
<i>promethazine hcl TABS</i>	2	
<i>promethegan sup 12.5mg</i>	2	
<i>trimethobenz inj 100mg/ml</i>	2	
<i>trimethobenzamide hcl CAPS</i>	2	
<b>LAXATIVES</b>		
HALFLYTELY KIT FLAV PKS	3	
<b>MISCELLANEOUS</b>		
MOTOFEN TAB	3	
<b>GENITOURINARY</b>		
<b>MISCELLANEOUS</b>		
UROCIT-K 15	4	
<b>HEMATOLOGIC</b>		
<b>MISCELLANEOUS</b>		
dipyridamole TABS	2	
<b>OPHTHALMIC</b>		
<b>ANTIGLAUCOMA</b>		
<i>apraclonidine hcl</i>	2	
<i>cyclopentol sol 1% op</i>	2	
<i>cyclopentol sol 2% op</i>	2	
LUMIGAN SOL 0.03%	3	
<b>MISCELLANEOUS</b>		
BOTOX INJ 200UNIT	3	
<b>RESPIRATORY</b>		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		
COMBIVENT AER	3	QL (2 / 25 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><u>ANTIHISTAMINE COMBINATIONS</u></b>		
<i>promethazine &amp; phenylephrine</i>	2	
<b><u>ANTIHISTAMINES</u></b>		
<i>cycloheptadine hcl SYRP; TABS</i>	2	
<i>hydroxyzine hcl SOLN 10mg/5ml</i>	2	
<i>hydroxyzine hcl SYRP</i>	2	
<i>hydroxyzine hcl TABS</i>	2	
<i>hydroxyzine pamoate CAPS</i>	2	
<b><u>NASAL STEROIDS</u></b>		
<i>flunisolide spr 29mcg</i>	2	QL (3 / 25 days)
<b><u>TOPICAL</u></b>		
<b><u>DERMATOLOGY, ANTIFUNGALS</u></b>		
<i>cyclodan sol 8%</i>	2	
<i>ciclopirox SOLN</i>	2	
<i>ciclopirox kit 8%</i>	2	
<i>clotrimazole w/ betamethasone</i>	2	
<i>nystatin-triamcinolone</i>	2	
<b><u>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</u></b>		
<i>BOTOX COSMET INJ 50UNIT</i>	3	
<i>BOTOX COSMET INJ 100UNIT</i>	3	
<i>FLECTOR</i>	3	QL (30 ptch / 25 days)
<i>MIRVASO</i>	3	
<i>PROCTOFOAM AER HC 1%</i>	3	
<b><u>DERMATOLOGY, SCABICIDES AND PEDICULIDES</u></b>		
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This formulary was updated on 10/10/2014. For more recent information or other questions, please contact UA Medicare Group Part D at 1-866-524-4199 or, for TTY users, 1-866-524-4170, weekdays from 8:00 am to 8:00 pm in your local time zone, or visit <http://www.uagrouppartd.com>.

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